

The Boston Medical and Surgical Journal

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March 8, 1923

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The New England Surgical Society

A NEW OPERATION FOR THE CORRECTION OF RETROFLEXION OF THE UTERUS.

BY JOHN W. KEEFE, M.D., PROVIDENCE, R. I.

Fellow American College of Surgeons.

A GREAT deal of thought and study has been given to the correction of displacements of the uterus, as is evidenced by the unusual number of methods advocated to retain the uterus in the normal position. The very fact that we have so many ingenious operations devised and practised today, is the best evidence that there is still room for improvement.

A brief survey of the anatomy involved and the forces and conditions that produce uterine displacements is essential, before we consider methods for their correction.

We usually find the uterus in an anteverted position. However, it has a wide range of motion, and is not fixed in any one position, but may be moved upward, downward, forward, backward, and in a lateral direction. It is pressed slightly backward when the bladder is distended and slightly forward when the upper part of the rectum is dilated. We should keep well in mind the fact that there are several forces and structures which aid in retaining the uterus in its normal position.

The group of tissues which close in the pelvic outlet and support the pelvic viscera above it is called the pelvic floor. It may be said that the uterus is maintained in its forward position by the normal tone of its anatomic supports, by the elasticity of its musculature, and by intra-abdominal pressure, which tends to keep the anterior uterine wall in contact with the bladder.

It will be noted that during the erect posture the uterus lies in a horizontal plane, with its anterior surface resting on the fundus of the bladder, while abdominal pressure is exerted on the posterior uterine surface through the medium of the intestines.

The pelvic floor is made up of skin, superficial perineal fascia, the levator fascia above, and below the levator ani muscle, the obturator internus, pyriformis and coccygeus muscles, the triangular ligament, the transverse perineal and sphincter ani muscles. Each levator ani muscle arises in front, from the posterior surface of the pubic bone; behind, from the spine of the ischium; and between these points, from the white line that marks the division of the pelvic fascia; the posterior fibers unite with the coccyx; some of the fibers of the levator ani unite with the muscle fibers of the lower part of the vagina and rectum, some between the vagina and the rectum, and others back of the rectum.

The levator fascia, situated above and below the muscle fibers of the levator ani muscle, renders the greatest support. The round uterosacral and broad ligaments assist in retaining the uterus in a normal position. The round and



FIG. 1.

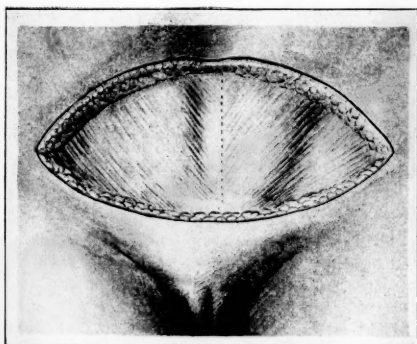


FIG. 2.

uterosacral ligaments are composed of muscular tissue and are capable of considerable hypertrophy, as is evident during the enlargement of the uterus in pregnancy, or when large uterine fibroids are present.

Between the two layers of peritoneum which form the outer walls of the broad ligaments, which extend from the lateral walls of the uterus to the pelvic wall, is found connective tissue and important blood vessels. When the uterus is retroflexed, thus bending the broad ligaments backward, the circulation in the blood vessels is deranged, giving rise to varicosities and other annoying conditions. The utero-sacral ligaments support the uterus and, according to McKay, "The muscle fibers that make up the utero-sacral ligaments are more or less continuous, not only with the fibers of the uterus, but with the muscular fibers of the bladder." There are also muscular bundles running from the sides of the bladder to the vagina and again from the vagina to the walls of the rectum. The

utero-pelvic ligaments on either side of the uterus assist in suspending it.

I vividly call to mind the discussions by some of the masters in gynecology of the time of Emmett, Polk, Mundie, Lusk, and Wylie, as to the value of the round ligaments in holding the uterus forward; some claiming that the round ligaments did not support the uterus, but served merely as guy ropes and were, therefore, of no value in holding up the uterus; while others were of the opinion that it was the pelvic floor which supported the uterus, the round ligaments having nothing whatever to do with retroflexion.

From our studies of pelvic anatomy, we may readily see that the muscles and fasciae of the pelvic floor and pelvic outlet are essential to the support of the uterus; and again we observe that the guy ropes, namely, the round utero-sacral and broad ligaments, are also necessary to maintain the uterus in a normal position;

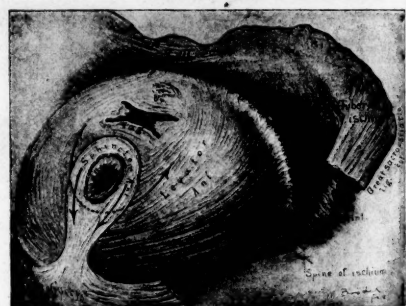


FIG. 3.—SHOWS THE ACTION OF THE LAXAGE AND MUSCLE IN PULLING UP THE LOWER PORTION OF THE BROAD LIGAMENT, THE PELVIC FLOOR, AND THE SUSPENSORY, AS TO EXTERNAL CLIMATE THE VAGINA, GIVING IT THE CHARACTERISTIC SHAPE SHOWN IN THE PICTURE.

FIG. 3.

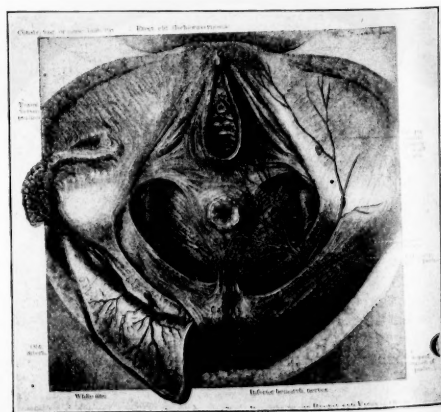


FIG. 4.

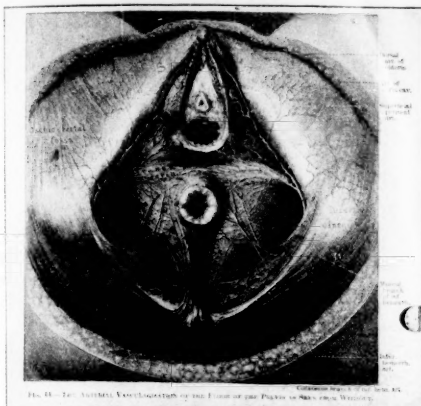


FIG. 5.

and so, the uterus, supported upon the elastic pelvic floor and steadied by the round, utero-sacral and broad ligaments, is a like derrick, resting upon an elastic structure, with its wire guy ropes holding it in an upright position. Should any of the guy ropes break, the derrick will fall; should the platform break, again the derrick will fall; but it may merely sag, provided the break in the platform is slight.

The same conditions hold with reference to the uterus; its weight may be so great that the utero-sacral and round ligaments—which really are muscles—become lengthened and fail to hold it in the normal position. The pelvic floor may



FIG. 6.

give way, usually from trauma during childbirth, following which we may have the sequence of enlarged uterus, endometritis, lacerated and hypertrophied cervix, laceration of the muscular structures beneath the mucous mem-

brane of the vagina, lacerations of the perineum and sphincter ani muscle.

Among the causes of displacements of the uterus may be mentioned the large size and weight of the organ consequent upon subinvolution; endometritis, atrophy of muscular tissues, absorption of fat and loss of the normal muscle tone. Adhesions due to peritonitis, perisalpingitis and oöphoritis may permanently retain the uterus in the retroflexed position. Laceration of the pelvic floor and overstretching of tissues may also produce abnormal changes in the position of the uterus, as do loss of nerve innervation and laxness of the round and utero-sacral ligaments.

When we come to consider the treatment of these cases, we shall find that each presents problems peculiar to itself. We may have a retroflexion of the uterus without symptoms; and, again, it is not uncommon to see a case progress until the greater part of the uterus presents beyond the vulva. A wide range of treat-

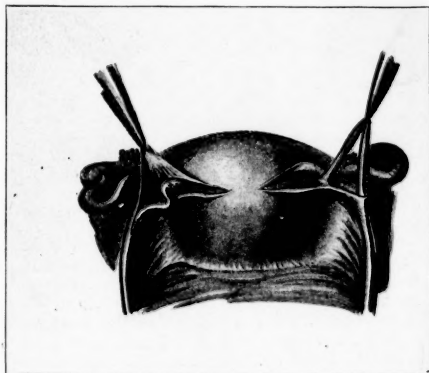


FIG. 7.

ment, therefore, may be necessary. For instance: dilating the cervix and curetting the cervical canal and interior of the uterus; repair of the cervix and often amputation of the same; operations for vesicocele and rectocele, to which may be added operations upon the guy ropes of the uterus, namely, the utero-sacral, round and broad ligaments.

The technic of an operation for the correction of retroflexion, which I am about to present to you, is as follows: The patient is placed in the Trendelenburg position at a greater angle than is usual. A modified Pfannenstiel, slightly curved, transverse incision is made through the skin and fat, down to the fascia covering the recti muscles. This incision, with its convexity toward the pubes, extends from a point one inch to the inner side of the anterior superior spine of the ilium to a like point on the opposite side, on a line with the upper border of the pubic hair. The scar resulting is found to be in

the fold of the lower abdomen, just above the pubes, and on account of the location of the wound it is scarcely noticeable.

It has been said that the Pfannenstiell incision has been advocated principally for cosmetic reasons, as though these could be a matter of indifference or minor importance to the patient.

the flaps are dissected upward and downward for a distance of about five inches. A second vertical incision is made near the median line, at right angles to the original incision, through fascia, rectus muscle and peritoneum. A careful examination is now made of the abdominal contents, and any pathological condition found

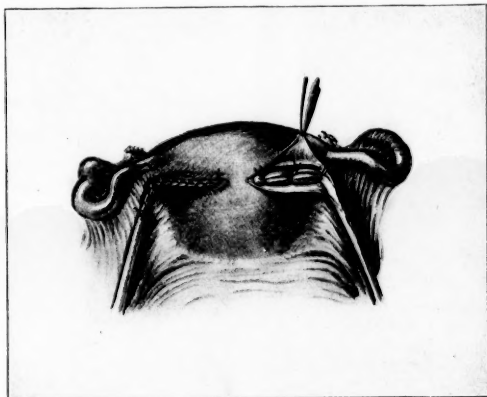


FIG. 8.

Should we not make special efforts to avoid the unsightly scars so frequently seen, following the median incision namely, the wide scar, the depressed areas, pigmentation, keloid, bulging from atrophy of muscular structures, due to nerve injury? However, there are other advantages to the Pfannenstiell incision, the most important of which is lessened tendency to post-operative hernia. Then, too, the convalescence is shortened, as the patient may leave the bed earlier, and an abdominal binder is not required.

Reverting to the description of the operation

is corrected. When the uterus is replaced in the normal anteverted position, the round ligaments are observed to be lax and of too great length to be of material assistance in holding the uterus in the new, yet normal, position.

The slack in the round ligaments is now taken up by shortening them with the following procedures: An incision two inches in length is made through the peritoneum covering the uterus and round ligament, the center of which incision lies over the insertion of the round ligament into the uterus. The edges of peritoneum

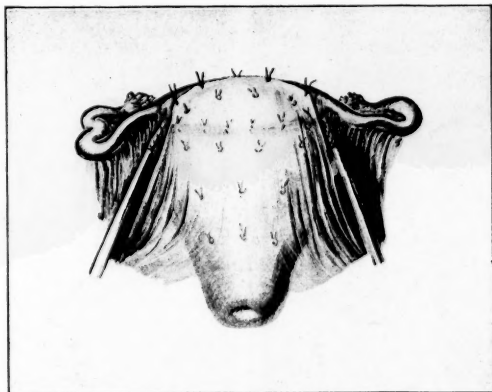


FIG. 9.

along the incision are retracted and the uterine portion of the incision deepened sufficiently to receive the round ligament about to be embedded in it. The round ligament, freed of its overlying peritoneal covering, is now grasped with forceps and drawn taut, in the direction of the uterus, thus taking up the slack. The loop of round ligament resulting from this procedure is fixed, in the slit in the wall of the uterus, by three or four chromic gut sutures. The peritoneum is then drawn over the ligament and united with a continuous, plain catgut suture.

toneum—may be sufficient to hold the uterus in an anteverted position, yet, in order that we might make the cure doubly sure, I have supplemented this procedure by a method which I recently saw employed by Professor Pestalozzi of Rome. The salient features of this operation are that the bladder is first detached from the anterior surface of the uterus, and then sutured to it in such a manner that the upper portion of the bladder is attached to the upper anterior surface and fundus of the uterus. The steps of the operation are as follows:



FIG. 10.

The opposite round ligament is treated in a similar manner.

While the operation just described—of intra-abdominal shortening of the round ligaments and attaching the muscle of the ligaments to the muscular wall of the anterior surface of the uterus and covering the ligaments with peri-

First—A transverse incision is made through the peritoneum, one half inch above the upper attachment of the bladder to the anterior wall of the uterus.

Second—The peritoneum and bladder are now separated from the uterus as far as the junction of the cervix with the vagina, in a manner sim-



FIG. 11.

ilar to that employed in separating the bladder from the uterus during operations for hysterectomy.

Third—The bladder is then pulled upward and attached by four interrupted chromic gut sutures passed through the bladder musculature and the anterior wall of the uterus at points just below a line drawn between the uterine attachments of the round ligaments.

Fourth—The flap of peritoneum which was reflected just before separating the bladder from the uterus is fixed by four interrupted catgut sutures to the fundus of the uterus, or to the posterior part of the fundus, thus covering the round ligaments which were previously embedded in the anterior wall of the uterus.

Fifth—The abdominal wound is closed with a continuous suture of catgut in the peritoneum, a double chromic catgut suture in the fascia, plain catgut in the fat, and interrupted dermol sutures in the skin.

The operation of freeing the bladder from the uterus and raising it, so that it pulls upward the anterior wall of the vagina, aids in the cure of vesicocele and slight prolapse of the uterus. The idea of attaching the bladder to a higher position on the uterus has been carried out by several workers in this field, notably by Schmidt of Cologne. He, and most surgeons since his time, has worked through the vagina. They separated the bladder from the uterus through an incision just above the anterior lip of the cervix; the utero-vesical fold of peritoneum was then incised and the body of the uterus drawn down and sutured to the raw surface of the bladder. Attaching the bladder to the uterus as high as the fundus gives us one more efficient method to add to those we now employ to restore this organ to a normal position.

CARCINOMA OF THE CERVICAL STUMP. REPORT OF EIGHT CASES.

BY LINCOLN DAVIS, M.D., BOSTON.

A SEVERE arraignment has been brought against the routine operation of supravaginal hysterectomy for fibroid tumors of the uterus in recent years. It has been alleged that an infected, lacerated or hyperplastic cervical stump is prone to give rise to persistent and intractable leucorrhea, which in turn is followed by contracture of the vagina, accompanied by pelvic pain, discomfort and tenderness. Furthermore, and more important, it has been shown that the cervical stump is peculiarly liable to become the site of carcinomatous degeneration.

John O. Polak collected 256 cases in America, in which cancer occurred in the cervical stump after subtotal hysterectomy for fibroid tumors. Cases in which cancer developed within one year of hysterectomy were not included in his list, on the supposition that in such cases the dis-

ease was co-existent at the time of operation. In many of the cases five to twenty years had elapsed since the primary operation, before the cancer of the cervical stump was detected, in which, therefore, it is obvious that the disease could not have been co-existent at the time of hysterectomy.

Cases in which there is strong clinical evidence that cancer existed at the time of hysterectomy and was overlooked, are perhaps equally numerous, if not more so. It is a well known fact that myoma and cancer are frequently associated in the uterus. In 1913, Leonard assembled from the literature lists of cases of myomata aggregating 3786, of which over 3 per cent. showed cancer of either the body or the cervix. Polak quotes statistics of Schottlaender, Spencer, and Noble to the effect that in 900 cases of myomata of the uterus removed by total hysterectomy, clinically undiagnosed cancer of the cervix was found in over 2 per cent. of the total number. Polak strenuously advocates total hysterectomy rather than supravaginal hysterectomy in all cases of fibroids in which hysterectomy is indicated, except when the cervix is free from injury or disease in the nulliparous woman. He claims that the mortality of total hysterectomy is only 2 per cent. as compared with 1.5 per cent. for supravaginal hysterectomy.

In regard to the inflammatory changes occurring in the cervical stump; while willing to grant that they do occur occasionally, in my experience this has been so rare as not in itself to warrant serious protest against the operation of supravaginal hysterectomy.

The startling figures on the incidence of cancer of the cervical stump, however, must awaken our interest and alarm, and call for most careful investigation of the subject. With this end in mind I have reviewed all cases of cancer of the cervix which have entered the wards of the Massachusetts General Hospital in the five years between January 1, 1917, and January 1, 1922. There have been 123 such cases, of which 8 or 6.5 per cent. were cases of cancer of the cervical stump after supravaginal hysterectomy for fibroid tumors.

In these eight cases, carcinoma in the stump of the cervix was detected at the following intervals after supravaginal hysterectomy: twenty-four years in one case, fifteen years in one case, five years in one case, two years in three cases, and less than one year in two cases.

It is safe to assume that in the three cases in which cancer was found from five to twenty-four years after the original hysterectomy, that the disease was not present at the time of the first operation, but was a new development. In the five other cases it seems quite probable that there was co-existent carcinoma at the time of the original operation. The histories show that in two cases a bloody vaginal discharge was noticed almost immediately after the operation.

in one case it was noted five months, in another ten months, and in the last, one year and eight months after operation. In four cases the original operation for fibroids was performed at the Massachusetts General Hospital, while four others were done outside. In the cases done at the hospital pathological reports on the specimens removed are available. In three cases fibromyomata were reported without mention of carcinoma. In one case the report was fibromyoma and malignant adenoma. In the latter case the record states that the cervical canal was cored out with the actual cautery at the time of operation. Ten months after discharge the patient noted vaginal bleeding, which continued for eight months more, before she re-entered the hospital with well marked cancer of the cervix stump.

Of the three cases in which the pathological reports were simple fibromyoma, vaginal bleeding was noted almost immediately after discharge in one case, after five months in one case, in the other the first symptom of trouble was a foul vaginal discharge without blood which was first noted one year and eight months later.

The evidence seems incontrovertible that of these four cases operated on at the Massachusetts General Hospital, cancer was present at the time of the primary operation in two, and was overlooked. In one case cancer was present and was not overlooked, but the means adopted for its eradication proved to be insufficient. In one case there is reasonable doubt as to whether the cancer was co-existent, or a subsequent development.

Of the eight cases of carcinoma of the cervical stump, reports of microscopic examination of tissue removed showed carcinoma of adenomatous type in three. In one the epithelial cells were of undifferentiated type which could be classed neither as squamous cell nor adenocarcinoma. In one case the cancer was of squamous cell type. In three cases there are no reports of microscopic examination. In these cases, however, cancer was clinically unmistakable. In all three the disease steadily progressed and terminated fatally, so that the diagnosis cannot be questioned.

That the occurrence of cancer in the retained stump bears little relation to the trauma of childbirth is shown by the fact that in three of the eight cases the patients were single women. The explanation is undoubtedly to be found in the fact that these were cases of overlooked co-existent adeno-carcinoma of the body of the uterus. Signs of involvement of the cervix were noted immediately after operation in one case, within five months in another, and after one year and eight months in the third.

The treatment adopted in the eight cases was as follows: In two cases laparotomies were done, and the cervical stump radically excised. In one case an attempted excision was abandoned on account of adhesions, the patient was later re-

ferred to the Huntington Hospital for radium treatment. In two cases the growth was cauterized, and the cases then referred for radium treatment. In three cases the patients were referred directly for radium treatment without operative interference.

The results of treatment have not been encouraging. In the two cases of excision the subsequent histories are unknown. Of the five cases referred to the Huntington Hospital for radium treatment, four died of the disease within a year and a half. The sole survivor has well marked evidence of extensive pelvic invasion.

This review of our experience with cancer of the cervical stump at the Massachusetts General Hospital during the last five years confirms previous reports as to the prevalence of this disease after supravaginal hysterectomy for fibroids.

Carcinoma develops in the cervical stump in different ways. A co-existing adeno-carcinoma of the body of the uterus which is overlooked in the operation for fibroid tumor, may be the original focus from which the cervix is secondarily invaded. This is probably the commonest cause, and accounts for at least one half of our cases. This combination of pathological entities is generally recognized as not uncommon by pathologists. A fibroid tumor may have undergone so-called carcinomatous degeneration at the time of operation, and act as a source of secondary infection of the retained cervix. This is probably a rare occurrence. There may be independent but co-existent carcinoma of the cervix either of the squamous cell, or the adenomatous cell type at the time of operation, which is overlooked. Finally carcinoma, either squamous cell or of adenomatous type, may develop in the cervical stump after operation, as a distinct entity. It would seem from the data collected by Winter and other observers, that there is an actual increased incidence of cancer of the cervix after supravaginal hysterectomy for fibroids compared with the general rate of incidence of the disease.

Combining all these forms of carcinoma, it is fair to assume an incidence of cancer of the cervical stump following supravaginal hysterectomy for fibroids of 2 to 3 per cent. or more, varying of course with the degree of accuracy with which cases of co-existent carcinoma are detected at the time of operation, and the length of time that cases are kept under observation.

How should this threat be met by the operating surgeon? The position taken by Polak and others in advocating total removal of the uterus is theoretically logical and correct, if the mortality rate is not thereby elevated above the percentage of incidence of the disease itself. A few experienced operators doubtless may be able to accomplish this. I find myself in agreement, however, with Leonard and Robert T. Frank, that routine complete hysterectomy in the hands of the average surgeon now doing supravaginal hysterectomy for fibroids would undoubtedly

elevate the mortality considerably above this point. Furthermore, there would be a considerable incidence of distressing complications in the way of vesical, ureteral, and rectal fistulae.

Coring out the cervical mucosa is not a certain method of preventing the development of carcinoma in the stump, even of the adenomatous type, as is attested by Case 1. Of course such a procedure could not be expected to have any influence in cases of squamous cell type which develop from the portio vaginalis.

It seems to me that the problem should be met in this way, bearing in mind the frequent association of cancer of the body of the uterus, also of the cervix, with uterine fibroids, every case in which hysterectomy is contemplated should be carefully investigated, the cervix inspected, and the uterine cavity curetted as a preliminary measure, any suspicious tissue should be subjected to an immediate microscopic examination before hysterectomy is undertaken. If the microscope reveals cancer, a total hysterectomy should of course be done. If no evidence of cancer is found a supravaginal hysterectomy may be done unless the appearance of the cervix arouses a strong clinical suspicion of malignancy. Only with increasing experience and skill should total hysterectomy be adopted by surgeons generally as a routine procedure.

A careful follow-up system should be adopted for all cases of incomplete hysterectomy, and patients warned that the reappearance of vaginal bleeding or discharge, after operation, calls for prompt examination.

When cancer of the retained cervix does occur, its treatment is a serious problem. Early cases may be treated by radical abdominal excision; the operation, however, is even more formidable than the Wertheim operation itself. Radium undoubtedly offers the best chance in the great majority of cases. In this, as in most dilemmas, prevention rather than cure is the great desideratum.

ABSTRACTS OF CASE RECORDS.

CASE 1. M. E. S. Age 53. Married. One child. Hospital Nos. 202340 W. S., 212643 W. S. Admitted for the second time on January 8, 1917. On June 8, 1915, a supravaginal hysterectomy was performed at this hospital for a large fibroid tumor. Cervical canal was cauterized with actual cautery. Pathological report: Fibromyoma and malignant adenoma of uterus. Ten months after operation she noticed occasional staining from vagina. This continued until one week ago, when there was a severe hemorrhage for which she re-entered the hospital. Curettings of the cervical stump showed on examination malignant adenoma. On January 16, 1917, a laparotomy was done and the cervical stump excised; pathological examination showed adenocarcinoma. She was later referred to the Huntington Hospital for radium treatment. Subsequent history unknown.

CASE 2. J. E. R. Age 63, married. Multipara. Hospital No. 215264 E. S. Admitted May 31, 1917. Fifteen years previously both ovaries and tubes and part of womb were removed for a tumor at another hospital. Amenorrhea followed this operation. One and a half years ago there was a discharge of bright blood from the vagina; since then there has been an almost constant flow of thin blood-tinged fluid. This later became foul in odor. First consulted an M.D. one week ago. On examination the cervix was found enlarged, hard and nodular. The cervical stump with parametrial tissue and a cuff of vagina was removed by laparotomy. Pathological report, carcinoma; re-examination of the specimen by Dr. H. F. Hartwell shows adeno-carcinoma. Good operative recovery. No subsequent report.

CASE 3. S. E. L. Age 53, single. Hospital Nos. 202478 W. S. and 215750 W. S. Admitted June 25, 1917. On June 13, 1915, supravaginal hysterectomy and salpingo-oophorectomy was performed in this hospital. Pathological report; fibroids of uterus and ovarian cyst. One year and eight months later the patient noticed a foul vaginal discharge; on examination a large inoperable carcinoma of the cervical stump was found. She was referred to the Huntington Hospital for radium treatment.

Huntington Hospital notes: S. L. was admitted June 29, 1917. She received three radium treatments. August 24, note states that there is extensive edema extending from introitus as far as finger can reach, involving all of the vaginal wall; beyond this is a crater discharging extremely foul material. Patient has severe diarrhea, is suffering a good deal of pain. No treatment advised. Transferred to Good Samaritan Hospital Sept. 5. Patient died at Good Samaritan Hospital, November 19, 1917. No pathological report on this case.

CASE 4. S. E. B. Age 55, married. Hospital No. 217935 W. S. Admitted October 10, 1917. Hysterectomy for fibroids at another hospital five years previous. About six months ago, patient began to have pain in the right side of the abdomen. There was marked loss of weight. No flowing. On examination an inoperable carcinoma of the cervical stump was found. She was referred to the Huntington Hospital for radium treatment.

Huntington Hospital notes: S. B. reported October 29, 1917. She received one radium treatment of 154 millicuries for three hours. She reported again November 5, and the case was not considered suitable for further radium treatment. Patient died November 20, 1917. Cause of death was given as cancer of cervix uteri with metastases throughout abdominal organs. There is no pathological report on this case.

CASE 5. R. L. Age 68, married, 7 children, one miscarriage. Hospital No. 226484 E. S. Admitted November 15, 1918. Twenty-four years ago, ovaries and part of womb were removed for excessive flowing, at another hospital (presumably fibroid tumor). Eight months ago patient began to flow again. Had not flowed for twenty-four years. Examination showed extensive carcinoma of cervical stump extending onto vaginal walls. The growth was cauterized and a specimen removed, microscopical examination of which was reported as carcinoma, made up of undifferentiated epithelial cells. Subsequent history not known.

CASE 6. M. E. B. Age 41, single. Hospital No. 236669 E. S. Admitted May 15, 1920. Two and one half years ago first noticed irregular and profuse flowing. An abdominal operation said to be for a large fibroid tumor was done at another hospital in August, 1919. Immediately after this operation flowing began again, and continued at irregular intervals. One week ago had a profuse hemorrhage. On vaginal examination there was an extensive cauliflower growth involving the cervix. The cervix was cauterized and a specimen removed which was reported to be adeno-carcinoma. Ten days later an attempt was made to remove the cervical stump by laparotomy. This was abandoned on account of adhesions. She was later referred to the Huntington Hospital for radium treatment.

Huntington Hospital notes: M. E. B. was admitted June 30, 1920. She received two radium treatments, with slight improvement. Pathological report of tissue from cervix "adenocarcinoma." Patient died November 22, 1921. City clerk gives cause of death as metastatic carcinoma of spine.

CASE 7. J. H. Age 49, single. Hospital Nos. 224521 E. S. and 237985 W. S. Admitted for second time August 3, 1920. On November 19, 1918, supravaginal hysterectomy was performed in this hospital for fibroid tumor; a small submucous fibroid was also removed from the cervical stump, the cervical canal was cauterized with carbolic. Pathological report "fibromyoma." Symptoms had been excessive flowing for seven months with dragging pain in the pelvis. There was a tumor which reached midway to umbilicus. In April, 1919, patient began to flow again. Since April, 1920, she has flowed constantly. On examination at the time of re-entry in August, 1920, a large fungating cauliflower of the cervical stump was found. This was cauterized, and patient referred to the Huntington Hospital for radium treatment.

Huntington Hospital notes: J. H. was admitted August 23, 1920. She received two radium treatments with slight improvement. Pathological report of tissue removed from cervix August 26, 1920, "no carcinoma found." Path-

ological report of tissue removed November 24, 1920, shows inflammation; no carcinoma. Patient died February 22, 1921. Cause of death not given.

CASE 8. G. E. Age 45, married, one stillbirth. Hospital Nos. 244316 W. S. and 246835 W. S. Admitted for second time December 13, 1921. In July, 1921, supravaginal hysterectomy was performed in this hospital for a large fibroid tumor. Pathological report, multiple fibromyomata. A blood-tinged vaginal discharge began almost immediately after leaving the hospital. On examination at re-entry five months later, a hard nodular cervix was found with a crater bleeding on touch. Clinically unmistakable carcinoma. She was referred to Huntington Hospital for radium treatment.

Huntington Hospital notes: G. E. was admitted July, 1921. She received three radium treatments, with some improvement. Pathological report of specimen removed from cervix shows squamous cell carcinoma. Patient's last visit here was on June 15, 1922. She states that she still has a discharge, with pain in left side and beginning on the right, so that morphia has been required. Examination shows an enlarged excavated crater at the apex of the vagina. By rectum there is a very thin partition noted between the vagina and rectum. On the left side of the pelvis is a hard, fixed mass. Some infiltration on the right side.

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DISCUSSIONS OF PAPERS BY DRS. KEEFE AND DAVIS.

DR. LYMAN ALLEN, Burlington, Vt.: I don't think there is any question that the mortality of panhysterectomy is much greater than that of vaginal hysterectomy—it is more than 50 per cent. greater. I have no faith in immediate examination by the microscope of fragments from the cervical stump. We can do two things: One is to repair the lacerated cervix before we do a vaginal hysterectomy. The other thing, which is more advisable, is this: start to do a vaginal hysterectomy, and instead of cutting off the uterus at the level of the internal os, make traction on the uterus when the peritoneum is freed on the sides and the broad ligaments cut and the arteries tied, and ream out the cervix, leaving only a shell. It is an operation I first saw Dr. Tinkham do here many years ago. It is surprising how easily you can draw out the uterus by this procedure, and you can get the cervix practically intact, as you cut through the mucosa outside of the external os in the vagina. Thus, it

is practically a complete hysterectomy, because you have not cut into the uterine canal. It is almost as easy to do as a vaginal hysterectomy, and in our hands it has had no higher mortality.

So I say panhysterectomy in cases which are not surely malignant gives too high a mortality, but this rearing out results in complete hysterectomy, and it is as easy as vaginal hysterectomy, and it has done away with cancer of the cervical stump, because there is no cervical stump left.

DR. HERRBERT L. SMITH, Nashua: Some ten or fifteen years ago Dr. F. M. Johnson, of Boston, in a brief communication to the *BOSTON MEDICAL AND SURGICAL JOURNAL*, reported a case of cancer developing in a cervical stump. The case seemed to impress him much, for he made the statement that thereafter he would never do a supra-vaginal operation. This, of course, was a very decided stand, and it seemed to me at the time very doubtful whether one would be justified in following such a practice without making many exceptions. Nevertheless, I was influenced by his statement, and in my work after that time I began to follow his lead, and performed the complete operation in practically all cases; but after a time it seemed to me evident that no such simple rule could be laid down.

All will agree that a cervix that has been badly lacerated or is the seat of infection, would better be out, whether or not there is reason for an hysterectomy; yet there are many cases where intra-pelvic conditions render a complete hysterectomy extremely hazardous, while at the same time the cervix, especially in a nullipara, may be entirely normal, and where, therefore, the risk of a later epithelioma is much less than that of doing a panhysterectomy.

Ever since reading that letter of Dr. Johnson I have kept the subject in mind, and have been on the lookout for reports of such cases by other operators. So far as I can recall now only one such case has come under my eye. No doubt many have been reported that I did not see, and many others have occurred which were not reported, and yet I cannot believe that the frequency has been such as greatly to modify our practice as regards thoroughness of removal.

In a general way, my conclusions are about as follows: Badly lacerated or diseased cervixes should be removed anyway, whether in the course of an hysterectomy or as a separate operation. In a smooth case, removing the cervical button may add little to the risk, and in that case a complete hysterectomy should be done. On the other hand, I do not believe fear of later degeneration should force us to remove a normal, healthy cervix under conditions where such a procedure would greatly increase the risk.

DR. F. B. LUND, Boston: I agree with Dr. Davis that there are certain cases of obese women in whom it is too dangerous to take out the entire uterus unless we are satisfied beforehand that the case is one of cancer. In my experience I have met a case in which after removing the fibroid, malignant disease developed in the stump. This was done six years ago; after two thorough cauterizations, she was kept well for three years. The thing spread and obstructed the rectum and required an artificial anus. She is still living, six years after the first

operation. I believe that if, in her case, I had attempted to do a complete hysterectomy she would have died within a few days.

DR. LINCOLN DAVIS, Boston: Each man has got to be guided by his own experience and skill. If he can do a complete hysterectomy without unduly raising the mortality rate, then that is the operation for him to do in all doubtful cases. If he feels that complete hysterectomy in his hands entails too high a mortality as a routine measure, then he should resort to a preliminary curettage in all doubtful cases, and do a complete hysterectomy only when cancer is proved by the microscope. It is not an uncommon thing, and it is a terrible dilemma to cut across the cervix and find you are cutting across cancer. The diagnosis should be made before the hysterectomy is started, and it usually can be made if sufficient pains are taken.

DR. DANIEL F. JONES, Boston: We are much indebted to Dr. Keefe for an excellent operation for retroversion of the uterus. When so many excellent operations have been devised to remedy this condition it would seem that something else than the operation needed attention. It is my belief that the operation is not infrequently done for the relief of symptoms not due to the retroversion. This statement is borne out by the end results of operations for retroversion which I happened to see at the New York Hospital a year or two ago. These statistics showed that there was an anatomical case in 90 per cent. of the cases for that year, and but 40 per cent. of symptomatic cases. It is my belief that many of the backaches for which the operation is done are due to the "Boston disease," back strain from faulty posture. A large proportion of these women are simply tired out, and if we could give them as good a rest without operation as with it, we could cure almost as large a percentage. Retroversion is one of many gynecological conditions on which we need end results after operation.

DR. FRANK H. LAHEY, Boston: I think that perhaps a provision ought to be put into this. We should not condemn an operation without some qualifying explanations. I agree with Dr. Jones when the operation is done purely for retroversion. On the other hand, there is no doubt a definite place for suspension operations in the presence of pelvic pathology. I think all of us agree that in pelvic pathology where lesions are present which will retrovert the uterus again that it is desirable to do the round ligament suspension operation.

DR. ARTHUR T. JONES, Providence: I agree with Dr. Lahey in his last remarks and take exception to Dr. Jones' remarks. I think the reason we have so many operations for this condition is not that none of them are good but that many of them are good. I think we all have perhaps some particular operation which in our hands has been successful. One man will do an operation, as Dr. Keefe has described, and get good results, another man will do the Alexander operation, and another man the Gilliam operation. Each man has his own particular operation and each man gets good results. If we have a retroverted uterus which is causing symptoms I believe we should use some operation, and most of these operations are not serious operations,

for the relief of that condition. If we have a retroverted uterus without symptoms it can be relieved without operation.

Dr. F. B. LUND, Boston: In cases of extensive prolapse of the uterus, I do not feel that any such suspension operations are as effective as a suture of the fundus to the abdominal wall, if it is done thoroughly and includes the round and broad ligaments and makes a broad band clear across from side to side. This may be combined with amputation of the fundus in order to stretch the vaginal wall still more tightly up against the uterine wall. If we really want it to stay there, I think it is better to do this rather than any method by which the round ligament is shortened, especially any intra-perineal method.

Dr. HORACE P. STEVENS, Boston: I think that it is in the cases of prolapse where there is the most disagreement and the most varied operations proposed. Many of these have been unsuccessful, because, as Dr. Lund said, the uterus has begun to prolapse again. The important part of the operation where prolapse is present is the repair below; and I think that if the pelvic floor is repaired properly the difficulties of keeping the pelvic organs in place are simplified. I think the failures in cases of prolapse are often due to the incomplete repair of the pelvic floor and not to the type of suspending operation done.

Dr. FRANK H. LAHEY, Boston: I think the diagnosis of retroversion ought to be limited to two things. I think that all gynecologists have come to agree that early retroversion is pathologic only as it is the early sign of prolapse. Early retroversion with prolapse becomes pathology. The only other definite diagnosis is with pelvic exudate or new growth. I think we ought not to make the diagnosis of pathological position unless there is beginning early prolapse or beginning pathology. If you limit the diagnosis to these two lesions and operate only for them, then there cannot be the criticism for the various operations for suspension of the uterus.

Dr. JOHN W. KEEFE, Providence (closing): I had the impression that more definite arguments might be brought to bear as to the value of these two operations I mentioned. It seems to me, in the first place, if you are going to do something on the round ligament it is better to do it where the ligament is attached to the uterus rather than do the Gilliam operation or some suspension operation. I thought that ventral suspension was obsolete. I have seen some instances where the suspension band was eleven inches long. We know that the peritoneum doesn't keep anything in suspension if there is any traction on it. Today ventral suspension is discarded by all competent gynecologists in this country.

Now about end results—at one time I looked up a series of cases I operated on for prolapse of the uterus. At that time I was doing the Alexander operation, of which I think favorably. In those cases of prolapse I did a curettage, an amputation of the cervix, perineorrhaphy and colporrhaphy, and added to that the Alexander operation. A patient

upon whom I had operated for complete prolapsus of the uterus, by doing a curettage, amputation of the cervix, colporrhaphy, perineorrhaphy, and an Alexander operation, came by request to her physician's office in Woonsocket. This woman had been lacerated when her first child was born. She was then sterile for six years. A second child was born one year after I had operated. The examination six months later showed the uterus to be in a normal position. I recall other instances of cases of pregnancy following this series of operations for prolapsus of the uterus and I found the uterus in good position subsequent to delivery.

Now I don't believe in doing a suspension operation in most of these cases, just for retroversion, but we must remember that retroversion is the beginning of prolapse. If we can correct it in the beginning it is of some value, but in most of these cases you also have pathology in the pelvis. When you find the uterus in Douglas pouch you can replace it and hold it in the proper position; therefore, these operations on the round ligaments are of practical value.

I did want to hear something about the operation done by Professor Pestalozzi, who fastens the bladder to a higher position on the uterus. I believe his operation should not be done in the child-bearing period, but after that period I believe it is of value. This surgeon wouldn't continue to operate after having performed one hundred operations unless the operation was of value.

Address.

COMPULSORY VACCINATION IN PRIVATE SCHOOLS *

BY S. B. WOODWARD, M.D., WORCESTER, MASS.

I come here as a representative of the Worcester Chamber of Commerce in accordance with a vote passed last spring and repeated in December, 1922. The vote read as follows:

"The Board of Directors of the Worcester Chamber of Commerce vote unanimously in favor of continuing in effect the present vaccination law of the State of Massachusetts as applying to pupils in the public schools and of extending the jurisdiction of such present law so that it may apply to all schools in the Commonwealth, whether public or private."

Fifteen directors out of twenty were present when this vote was taken.

As an economizer of time, wishing to present what I have to say in support of Bill No. 274 in tabloid form, I will, with your permission, read my argument.

*Address delivered before the Legislative Committee.

I wish to hand to you this little pamphlet issued by the Health Department of the City of Boston, that by looking at the photographic illustrations you may see what smallpox is, and, by contrast, what vaccinia induced by vaccination is, and how in actual contact with smallpox cases the vaccinated individual is protected by his vaccination.

Smallpox before the days of Jenner (before 1796) was as common as is measles today; was, in fact, a children's disease, as measles is now, and for the same reason. Most children contracted it before the age of seven, and, having had it, were immune for the remainder of their lives. Epidemics were rare for the simple reason that smallpox was constantly present.

One death in every twelve in London during the 18th century was due to it, and two-thirds of all the blind in the London Asylum for the indigent blind were blinded by smallpox. Not to be marked for life was a distinction. No greater praise for the beauty of one of the ladies of the court of Louis XIV of France could be thought of by the Duc de St. Simon than that her face showed not one pock mark.

The family of William the 3rd of England (William of Orange) was almost wiped out by it. His wife, his mother, his uncle and two cousins died from the disease. The Emperor Francis Joseph of Austria died of it, as did also an Elector of Saxony, an Elector of Bohemia, a Dauphin and a King of France (Louis XV), a Queen of Sweden, a Czar of Russia, and several princes of the royal family of Spain. No wonder the Germans had a proverb, "From love and smallpox few remain free," or that Sir Robert Walpole wrote that "Poetry is as universally contagious as smallpox; everyone catches it once in a lifetime at least, and the sooner the better."

And the opponents of vaccination—and they are the ones who alone will oppose my bill—claim that vaccination, which has changed all this, is useless; that filthy living causes smallpox or that it is a figment of the imagination; that vaccination never saved a life, but has on the contrary caused misery untold and brought many victims to an untimely end.

Was the living in palaces so much more filthy than in the slums of a modern city? Did filthy living produce smallpox in 20 workmen in my own town of Worcester a few years ago, when a speaker from Boston suffering from mild smallpox shook hands with them at the close of his lecture? It did not. It was due to direct contagion, and vaccination of all who were present, who could be found, although after, not before, the contagion, saved some and modified the disease in others, while, *per contra*, one poor wretch, who declined to submit, died, as did his wife, his child, and his brother, to all of whom he communicated it.

Does vaccination protect? The Surgeon-General of the United States in this letter which I hand you informs me that 4,128,000 American soldiers were vaccinated during the last war and that from April 1, 1917, to December 31, 1919, there were reported 853 cases of smallpox, with 14 deaths. No army was ever so thoroughly vaccinated, and no army ever had so little smallpox. In the Northern Army in the Civil War there were 18,952 cases of smallpox, 7,058 deaths, and no less than 9,830 cases with 2,347 deaths among the Confederate prisoners of war. Here there was no compulsory vaccination on enlistment; there were arm to arm vaccinations, and use of vaccine often only when military movements were threatened with paralysis owing to the number of men affected with smallpox. In 1917 and 1918 every man was vaccinated immediately after his induction into service.

Is vaccination dangerous to life? Four million one hundred and twenty-eight thousand men were vaccinated by army surgeons in 1917-19 as I have just stated; there was reported one death due to vaccinia and that man had also pleuro-pneumonia, which in itself was at least the possible cause of his demise.

When we went into the Philippines in 1898 the annual death rate from smallpox was about 40,000. Systematic vaccination brought it down to 0. From 1910 to 1916 there was not one death in Manila, where previously about 6,000 was the yearly average. Immunity brought laxity and indifference. A new unvaccinated generation grew up; smallpox returned; suddenly after two deaths in 1917 Manila had 989 in 1918, and there were 50,000 in the Islands before vigorous vaccination brought the epidemic to an end. There was again no death in Manila in 1921. The vast majority of deaths were in unvaccinated children of ten years or less, born since the complete vaccination of 1898-1910. General Wood, the new Governor-General, a physician, and a graduate of the Harvard Medical School, reports that under inefficient inspection, vaccination for years had consisted in destroying the vaccine and reporting that it had been used. No more complete proof of the efficiency of vaccination was ever presented.

Eight hundred thousand Porto Ricans were vaccinated during the military occupation, and for the first time in the history of that Island smallpox disappeared. The story in Cuba was the same. The story is always the same. Neglect vaccination for a series of years, and smallpox is sure to appear; continually vaccinate the children as they come along, sterilize, as it were, the soil, smallpox finds few opportunities to grow, epidemics are rare and, properly handled, are easily controlled.

Before vaccination, Boston several times had 50 per cent. of her inhabitants ill with smallpox in a single year. Up to 1872 for a number of

years about 100 persons died yearly of the disease and in 1872 one thousand. The State Board of Health was established as a result. Montreal neglected vaccination and in 1885 three thousand persons died. Niagara Falls fell into the hands of the anti-vaccinationists and so severe an epidemic followed that the city was quarantined against by all the surrounding towns.

The so-called Medical Liberty League has been active throughout the West. Denver is just now reaping the reward of listening to its words. From November, 1921, to September, 1922, 410 cases and 123 deaths, 113 of those who died, had never been vaccinated, and not one of the other ten within 20 years. The further history as far as available is, in September 32 cases, 7 deaths; October 100 cases, 41 deaths; November 252 cases, 92 deaths. Eight of the fatal cases only had been vaccinated; one 15 years before, one 50, one 58, one 59, one 65, one 63, one 7 and one 10 days after exposure. Report of the Health officer, who succeeded in vaccinating all but 275 of 50,000 school children, states that no vaccinated school child died and but four school children died in all.

We, in Massachusetts, protect our public school children by an efficient law and by protecting them protect the community. Why should the children in the private schools and that portion of the community coming in contact with them not receive equal protection? That the present law works well, I feel sure. That we need still further protection I am equally sure, and so are those who with me approve of this legislation. Over 80,000 children will come under this amended law. Smallpox is increasing throughout the civilized world. Smallpox has for years, in a mild form, been prevalent in the western states. It is now assuming a virulent form, as has always been its history after a period when mild cases predominate. Laxity in enforcement of vaccination is the reason for this increase in frequency. Ohio, Nebraska, Indiana, Michigan, California, and other States, have year after year reported thousands of cases of smallpox—New England but few, but we are sitting on a keg of powder which at any time may explode. While in one year (1917) Ohio had 2765 cases, Nebraska 1947, Indiana 1922, Michigan 1672, Kansas 1370, and Iowa 1149, Massachusetts had 12, Vermont 9, and Connecticut 6. We vaccinate school children here. While in 1920 Canada had 2301 cases and the cities in the United States 16,803, there were but 141 cases in all New England. Where is school vaccination compulsory? In 415 of the cities and towns in New England, in all communities in Massachusetts as well, in New Jersey and in Pennsylvania, in but 14 per cent. of the cities of the Pacific Coast, in but one-third of

the cities in Canada, in New York and in the South and East North Central States. Who oppose retention of our present laws and extension of them to cover private as well as public schools? No one that I am aware of who is not also opposed to vaccination as a compulsory measure anywhere, and who does not believe it is useless. Who ask for it? Two hundred and seventy Massachusetts Boards of Health having under their supervision 3,560,958 persons are in favor of such action as they stated in answer to a questionnaire a few years ago. Twelve were opposed and 62 did not answer, but those 74 boards were responsible altogether for but 24,478 persons and not one of them was in a town of any size.

Business men are interesting themselves in the matter. Directors of the following Chambers of Commerce, by letters which I will hand you, ask for this legislation, and as a corollary the retention of the present law on our Statute Book as well. These Chambers are those of Great Barrington, Athol, Lynn, Beverly, Winchendon, Lawrence, Newburyport, Springfield, New Bedford and Worcester. In all of these, as appears in their letters, action was unanimous. These Chambers of Commerce realize that they are vitally interested in such health matters from a business standpoint, that an epidemic of smallpox spells disaster, measured in dollars and cents, and ask that everything be done to ward off any such possibility.

Is this a drive at the parochial schools, as was pleasantly intimated lately by two Boston newspapers? It is not. It is of great importance to them, without doubt, for they are educating a large percentage of the so-called private school children. It is approved of by those under whose control the parochial schools are carried on; by the Cardinal, Archbishop of Boston, by Bishop Feehan of Fall River, by Bishop O'Leary of Springfield, as it was by his predecessor, the late Bishop Beaven. (Bishop O'Leary says (read) (Bishop Beaven endorsed a letter written to him). Bishop Feehan of Fall River writes (Read). Cardinal O'Connell states (Read). The parochial priests in direct charge of these schools in many cases themselves urge vaccination upon their pupils. (Read letter from Father Keating).

Who else wish for this legislation? The masters of the following large boarding schools:

Lasell Seminary in Auburndale,
Westford Academy.

Walnut Hill School, Natick. (They have had smallpox from an unvaccinated child of an anti-vaccinationist family and they know what it means.)

Lowell Textile School,
New Bedford Textile School,
Bradford Academy,
Northfield Academy,

Worcester Academy,
Philips Academy,
Milton Academy,
State Normal Schools at Hyannis, at Bridge-
water, at Westfield, at North Adams, and at
Worcester,
and in addition such legislation is approved by
the Presidents of

Mt. Holyoke,
Worcester Polytechnic Institute,
Williams College,
Simmons College,
Smith College,
Massachusetts Agricultural College,
Tufts College,
Radeliffe College,
Amherst College,
Harvard University,
Wellesley, which requires it now,
Clark University,
Wheaton College,
Massachusetts Institute of Technology,
Assumption College,
Boston College and the
College of the Holy Cross.

I, therefore, in the name of all these institu-
tions, which are the ones to be affected by this
legislation, and which if they considered it inim-
ical to their interests and not to *their* advantage,
as well as to the advantage of the community
in general, would naturally violently protest,
ask you to recommend this bill; to give to the
private school children the same protection that
is now given to those in the public schools; to
remove the law from the list of class legislation
laws, a designation which now truly describes
it; and I ask you not to be affected by statements
which may be made here as they were made in
Worcester, — statements, for example, "that
when we consider the increasing belief in the
part mind plays in controlling and resisting dis-
ease, enforced vaccination and other serum in-
jections are not merely blunders, but are evi-
dences of a pessimistic philosophy which fairly
chatters with fear and ghastly credulity."

I do not hesitate to say to Mr. William Lloyd
Garrison that when he convinces the people of
the State that smallpox is a figment of the imagi-
nation and can be controlled by action of either
his or any other mind, and that therefore vac-
cination is useless and to be abandoned, he will
be responsible for the misery and death of more
persons than ever his illustrious grandfather
was instrumental in bringing out of slavery and
despair. Smallpox is a reality and a fearsome
one, and to quote the words so often heard at
present, "day by day in every way" we must
be up and doing lest it strike and strike hard
these communities of ours so long practically
exempt from its ravage.

Original Article.

PRELIMINARY REPORT ON THE TREAT- MENT OF PERTUSSIS BY THE X-RAY.*

BY HENRY I. BOWDITCH, M.D., BOSTON,
AND
RALPH D. LEONARD, M.D., BOSTON.

REALIZING that many of the benefits from x-ray
treatment seem purely empirical and having in
mind the recent work on tonsils and chronic
laryngeal conditions, also the benefits to be de-
rived for the so-called thymus cases, the sugges-
tion was made that possibly there might be some
beneficial results from the use of the x-ray in
cases of pertussis. It was hoped at least that the
spastic manifestations of this disease might be
relieved.

To this end, a series of 26 cases of active per-
tussis have received x-ray treatment at the office
of Dr. A. W. George and Dr. R. D. Leonard. The
series consisted of patients from three months to
40 years of age. The patients were in different
stages of the disease, varying from one to ten
weeks.

Each patient received three or four applica-
tions of the x-ray at intervals of two to three
days. The dosage was regulated according to the
age of the patient and the total amount of x-ray
given to any one patient was well under an ery-
thema dose.

Many of these cases have not been observed
sufficiently long to determine the final result.
Nevertheless, it is evident to us that there has
resulted a definite improvement in these patients
which cannot be explained by mere accident.
We cannot at this time give any rational expla-
nation of the action through which the x-ray ap-
pears to produce the beneficial results. It does
not seem likely that it is due to any direct bac-
tericidal property of the x-ray.

We feel warranted in classifying a small
percentage of these 26 cases under the head-
ing of "prompt cures." By this, we mean that
after two or three applications of the x-ray cov-
ering a period of six days, the spasms and
whoops entirely disappeared and the patients
were clinically well, except for possibly a very
slight cough.

The bulk of the cases, however, we have classi-
fied as "relieved." This group consists of per-
haps 70 per cent. of the total. By "relieved"
we mean that there has been a gradual diminu-
tion in the number of spasms. In some cases,
the spasms, numbering 14 to 18 in 24 hours,
have been reduced day by day to one or two,
during a period of a week or 10 days. This diminu-
tion in the number of spasms is more marked
than would be accounted for by normal conva-
lescence.

*Presented to the staff of the Floating Hospital, Boston, Mass.,
February 23, 1923.

There is a small percentage of cases, perhaps 10 or 15 per cent., which apparently were not relieved. In this group are included one moribund case and one rather difficult feeding case. Others of these cases which as yet show no improvement have not been observed long enough to determine whether the course of the disease will be ultimately shortened or not.

While our evidence so far is not sufficient to warrant any definite conclusions, we have the feeling that the x-ray at the present time may be of more value in the treatment of pertussis than any other form of treatment, including serum. We are certainly convinced of this fact—that it will not do to let this method of treatment drop, but that further careful scientific study should be made. This study should be made with the patients in an institution where careful observation by trained attendants will be possible, and careful bacteriological work carried out.

This preliminary report is issued with the hope that the interest of the profession may be aroused to make further investigations under strictly scientific conditions in this important branch of therapeutic measures.

In the near future we intend to give a much more elaborate report of results obtained in a larger number of cases. We are indebted to the staff of the Floating Hospital for coöperation in this work.

Society Meetings.

THE DECEMBER MEETING OF THE BOSTON BACTERIOLOGICAL CLUB.

The last meeting of the Boston Bacteriological Club was held on Saturday, December 2, 1922, 41 members and guests being present. Dr. E. B. Maynard, Mr. T. J. Duffield, Mr. S. S. Coburn, and Mr. E. S. Chase were elected members of the club, and Dr. Lloyd Felton of the Harvard Medical School, Dr. J. L. Freund of the Harvard School of Public Health, and Mr. C. E. Bell of the M. I. T. were proposed for membership. Dr. F. P. Denny was chairman of the meeting.

The first paper of the evening was by Dr. F. P. Denny on "Some of the Health Problems of a Small Community." In Brookline, the Board of Selectmen acts as the Board of Health, and the law requires that if the Board of Selectmen does not have a physician among its members, the agent of the Board should be a physician. The agent, or health officer, of Brookline is employed on a part-time basis, but it is believed that the job is big enough for the employment of a full-time man.

In Brookline, the medical inspection of school children and the work of the school nurses are both under the supervision of the Board of Ed-

ucation. It is the belief of Dr. Denny that if a full-time trained health officer were employed it would be desirable to place all the school health work under the supervision of the Health Department. The school nurses, however, are doing important and valuable work. They follow up all absentees, especially those coming from the poorer districts of the town, in order to determine the cause of absence. In this way, many cases of contagious disease have been discovered and a material improvement in the school attendance has been accomplished.

The Health Department employs a public health nurse who works in the parochial schools and is also doing very good work. She is also responsible for discovering many cases of contagious disease, and has been conducting an effective health educational program.

The Brookline Board of Health maintains a dental clinic where the dental defects of school children are corrected. Extractions, fillings and prophylactic work are performed by the clinic.

The Board of Health is also attempting to correct postural defects. For this purpose classes in bodily mechanics are held twice a week for children and adults, at the Municipal Gymnasium.

An attempt has been made to control the spread of whooping cough by requiring each child suffering from the disease to wear a yellow arm-band. This practice is enjoyed by the children and is considered effective.

The Board of Health also issues a health bulletin, which is distributed by the police to every house in town. The bulletin contains a report of the milk examinations for the past three months and is considered as a valuable means of improving the milk-supply. The Board of Health also examines the milk bacteriologically and for butter fat and sediment.

It has also been the practice of the Board of Health to offer prizes for health essays written by school children. In the last competition, between 700 and 800 essays were received. Some of the prize essays are printed in the bulletin. Prizes have also been offered for health cartoons for the bulletin.

It is the opinion of Dr. Denny that the only excuse for a public health laboratory in a small community is because it provides facilities for the diagnosis of diphtheria, and that the diagnosticians perform an adequate number of examinations to make them efficient in the laboratory diagnosis.

The second paper of the evening was by Dr. Wm. H. Park, Director of the laboratories of the New York City Health Department, who spoke on "The Schick Test and Diphtheria Immunization in New York City." Diphtheria toxin has been used to immunize small and large animals against diphtheria, but antitoxin has been added to the toxin in order to immunize an animal more readily and successfully. It had

also been observed that guinea pigs which were used in testing toxin in which antitoxin was used to neutralize part of the toxin, eventually became immune. Accordingly, in 1897, Dr. Park began developing antitoxin in horses by giving them a mixture of toxin-antitoxin. Theobald Smith had shown that guinea pigs would remain immune for two years by treatment with toxin-antitoxin, and that this immunity could be transmitted to the offspring.

In attempting to control diphtheria among children one of the difficulties was to determine which child required immunization and the period over which the immunity would last. With the introduction of antitoxin the hope had been raised that the need for immunizing children against diphtheria would not be necessary, as the death rate from the disease was diminishing. It was found, however, after a careful analysis in 1910 that the death-rate from diphtheria was really remaining stationary. About that time came the development of the Schick test which enabled us to determine whether a child was immune from diphtheria or not. In this way, it was possible to separate the immunes from the non-immunes, and those who were not immune could be immunized. Without using the Schick test, Behring treated a number of children with toxin-antitoxin and later found that the incidence and death rate from diphtheria among these children were much lower than those among other children. Accordingly, Dr. Park, assisted by Dr. Zingher, decided to immunize children in New York by the use of toxin-antitoxin. At first all the children in the Contagious Disease Hospital were Schicked and those found non-immune were immunized. This reduced the incidence of diphtheria among the children. It was found that between 70 and 90 per cent. of the children who received three injections of toxin-antitoxin would in the course of several months give a negative Schick test. When only two injections were given, the percentage of negative Schicks was lower, and with only one injection, the percentage of negative Schicks was even still lower. It is important to remember that toxin put in capillary tubes or ampules made of alkali glass loses its toxicity in a few weeks to a few months. This made it essential to use glass without alkali. Prior to this discovery, many of the commercial manufacturers of biologic products found that the toxin which they manufactured would deteriorate. In order to prevent this deterioration it was customary to introduce an extra amount of toxin in the original packages. This practice of course was very undesirable. There is considerable certainty at the present time, however, that if the toxin is put up in the right kind of container, it will remain stable.

The difficulty of controlling diphtheria is indicated by the fact that probably 20 per cent.

of the child population of a city carry K. L. bacilli, and that many of these cases are mistakenly diagnosed as tonsillitis. The value of immunization with toxin-antitoxin is indicated by the comparative observations made on two groups of children, in each of which 1,000 children were studied. One group was immunized against diphtheria and the other was not, the immune group showing only one-fourth as many cases of diphtheria as the non-immune. These cases were all mild, and in every case the child recovered. It is believed that the child who is immunized with toxin-antitoxin develops an immunity against diphtheria which is as satisfactory as that developed in any other way. Such children also show a definite negative Schick reaction for many years, if not for life, except in perhaps 2 to 4 per cent. of the cases. In these cases it is believed that the positive Schick test is due to the poor technique employed.

Two years ago Dr. Park began to immunize the children in New York against diphtheria, and received excellent cooperation from the Department of Education, as well as the Department of Health. Financial assistance to carry on this work was obtained from the Red Cross. It is hoped that by June, 1923, approximately 500,000 children in the public and parochial schools of New York City will have been immunized. It is interesting to note that the number of cases and the number of deaths from diphtheria in New York City have diminished perceptibly in 1922. It is now planned to require each child entering school to be immunized against diphtheria, just as each child must show a successful vaccination against smallpox.

The amount of toxin-antitoxin mixture administered for an immunizing dose has recently been diminished, the smaller dose giving equal protection to that produced by the larger. It also has the advantage of causing less disturbance in children of all ages, especially the older children, and also the adults, among whom the reaction is sometimes very annoying.

From a large number of experiments conducted on animals and from observations made on many hundreds of school children, Dr. Park observed that a preparation of toxin-antitoxin which in 1 c.c. contains one-tenth of an L. + dose of toxin neutralized by antitoxin to such a degree that 1 c.c. will cause paralysis in a guinea pig in two and a half to three weeks, and 5 c.c. of which will cause paralysis and death, that such a mixture of toxin-antitoxin will give immunizing results equal to that produced by a toxin-antitoxin preparation which in 1 c.c. contains 3-5 L. + doses of toxin with three or five units of antitoxin. Both of these preparations have the same toxicity for the guinea pig. When the smaller amount of toxin is used the protection of antitoxin is less. Thus for example, with one-tenth of an L. + dose per c.c. of toxin-antitoxin only three-eighths or four-eighths of a

unit of antitoxin per L. + dose is added instead of a whole unit. Dr. Park is not certain yet whether the one-tenth L. + dose will be adopted as the final standard, or whether a two-tenth L. + dose will be employed. He believes, however, that one or the other will be adopted as the standard dose.

The following summary shows the number of children immunized with varying doses of toxin-antitoxin and the per cent. that remained immune.

Number of Children	Amount of Toxin in l c.c.	Per Cent Immune
490	0.1 L-Dose	90
304	0.5 "	95
198	1.0 "	76
127	3.0 "	96
191	3.0 "	90
254	5.0 "	85
557	5.0 "	90
176	5.0 "	83

A comparison of the large and small doses with respect to the amount of reaction produced gave the following results:

	0.1 L+	0.1 L+	3.5 L+
No reaction		25%	0%
Slight reaction		64	41
Moderate reaction		11	37
Marked reaction		0	22

It has also been found that if the toxin-antitoxin is prepared in the cold it will be much stronger and more effective than if mixed at room temperature or in warm water. It was also brought out that irritation in Schick positive people is produced if the toxin preparation is over-toxic. Other causes of irritation are due to the presence of the bacillus protein, peptone or other protein-like substances. Dr. Park also said that it cost 70 cents to immunize a child in the pre-school age period, and only 20 cents when the child is in the school age. He also maintained that a solution of toxin never increases in toxicity, but always deteriorates.

The third paper of the evening was by Mr. T. J. Duffield, who spoke on "The Work of the Rockefeller Foundation in France." In 1917, Dr. Herman M. Biggs and Dr. Lindsay Williams were sent to France in order to determine whether tuberculosis was actually on the increase as had been reported. They reported that the disease had not decreased as rapidly in France as it had in other countries in Europe, and that it would be desirable to take measures to combat the disease. A committee was thereupon appointed under the direction of Dr. Livingston Farrand to establish tuberculosis dispensaries in France for demonstration purposes to train

physicians and nurses in anti-tuberculosis work, to conduct an educational campaign against tuberculosis, and to organize local groups to carry on the anti-tuberculosis work after the Americans departed.

Accordingly, the 19th arrondissement in Paris and the Department of Eure et Loire were selected for demonstration purposes. A medical and nursing organization was established, and the nurses received special training in social service work. Demands soon came from other parts of France for assistance in the campaign against tuberculosis with requests that similar demonstrations be started in these places. Educational units, consisting of a motor truck, provided with a moving picture machine, were sent into these other departments. Mass meetings were held, at which as many as five thousand people were present, every effort being made to interest the officials and other responsible citizens in the community. The animated cartoons which were shown were always particularly well received, and in each case literature on tuberculosis was distributed. Educational work was also undertaken in the schools and later local and departmental committees were established. This was followed usually by the establishment of a clinic and likewise a laboratory. Financial assistance always came from the Rockefeller Foundation for the establishment of clinics and laboratories, with the condition that the clinics should adopt uniform records and other printed material. The growth of the tuberculosis dispensaries in France is indicated from the following table:

Year	No. of Dispensaries.
1917	2
1918	13
1919	75
1920	137
1921	219
1922-August	260

The total number of dispensaries operating in France in 1917 was 22, and in 1922 the total number was 400. The numbers quoted in the preceding table indicate the dispensaries that were established through the aid of the Rockefeller Foundation.

In 1921 there were 14,400 clinic sessions in all the dispensaries, with a total attendance of 150,000. During the same year there were 36,000 new admissions, 14,000 new diagnosed cases of tuberculosis, 25,500 cases were discharged from the clinics, and of 9,000 diagnosed cases who were discharged more than one third were sent to sanatoria. Of the cases examined in 1921, 42 per cent. were non-tuberculous, 21 per cent. were not diagnosed, 35.5 per cent. were diagnosed as tuberculous—18 per cent. of the patients diagnosed tuberculous died during the course of the year.

It is also interesting to note that the number of home visits by the tuberculosis nurses increased remarkably during this period. Prior to the war, there were only 400 beds available in France for the care of the tuberculous, whereas now there are at least 25,000 beds available.

One of the greatest problems was to find an adequate number of physicians and nurses who were properly trained, and who could be employed to meet the demands that soon came from all parts of France. The only way to solve this problem was to establish special courses at many medical schools and other institutions for the training of the necessary personnel. Another problem is due to the poor reporting of the morbidity and mortality from tuberculosis, so that it is impossible to say just how many cases of tuberculosis exist in France and what the true death rate is. The Americans are planning to turn over the anti-tuberculosis work to a volunteer committee of Frenchmen in 1923.

After a motion was carried to give Dr. Park a rising vote of thanks, the meeting adjourned.

MASSACHUSETTS TUBERCULOSIS LEAGUE OFFERS SILVER CUP TO MODERN HEALTH CRUSADERS.

TO EXCITE still more interest in the Modern Health Crusade, the Massachusetts Tuberculosis League offers a silver cup trophy to the school system in a city or town of less than 10,000 population in Massachusetts having the largest ratio of Crusaders the coming term.

The cup has been donated to the League by Miss Louisa P. Loring of Prides Crossing, a member of its Board of Directors, and will become the property of the school system to which it is awarded for two years in succession.

The rules of the tournament are very simple. The school system notifies the League or the county public health association of its intention to enter the tournament. Crusaders must keep score cards for a period of 13 weeks, any such period before the first day of July, 1923, being acceptable for the record. The score for the cup award will be based on the percentage of Crusaders who have done at least 54 chores weekly for the 13 weeks compared with the total elementary school enrollment of the town. Reports must be submitted to the League or to the secretary of the local county health association.

The Massachusetts Tuberculosis League, with headquarters in the Little Building, Boston, is attacking the problems of tuberculosis through the better health education of the people for one of its methods. It is advocating and introducing the Modern Health Crusade, which effects the health education of children, and the establishment of health habits in them during the formative period of life. It employs an educational secretary, Miss Anna W. Johnson, whose special

work will be to confer with school authorities and teachers with reference to the introduction of the Crusade into their schools. Recent improvements in the details of the Crusade now make it available for the different classes in grade schools. In her work during January Miss Johnson has been able to add some 10,000 Crusaders to the existing Massachusetts enrollment. That the Crusade appeals to children is proved by the phenomenal enrollment in the country of 6,000,000 in 1921, which increased to 7,000,000 in 1922.

THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION.

The Annual Meeting of the Instructive District Nursing Association was held at the offices of the Association at No. 561 Massachusetts Avenue, Boston, at 10:30 A.M. on Wednesday, February 28, 1923, for the following purposes:

First: To elect a Board of Managers to hold office during the ensuing year.

Second: To elect a President, two Vice-Presidents, a Secretary and a Treasurer to hold office during the ensuing year.

Third: To hear the report of the Treasurer and to take action concerning the acceptance thereof.

BOSTON MEDICAL HISTORY CLUB.

At the meeting held at the Boston Medical Library, Monday, February 19, Dr. John E. Donley, Jr., of Providence read a paper on the "Scientia Experimentalis," a part of the "Opus Majus" of the 13th century scholar, Roger Bacon, which explains his ideas on the study of science. He sketched Bacon's interesting life and quoted from his works which prove him to be the founder of the school of exact observation, experiment, and verification as opposed to the dialectic method of scientific study, one of the profoundest thinkers of the Middle Ages, and the source of scientific knowledge for many learned men of the 16th and 17th centuries.

Dr. W. H. Robey read a brief account of Dr. Messenger Monsey, of Chelsea Hospital, London, a well known and popular practitioner of the 18th century, and showed his portrait.

He also spoke briefly of Dr. John Radcliffe, the famous English physician and consultant, read entertaining extracts from his "Practical Dispensatory," and exhibited a beautiful extra-illustrated copy of "The Gold Headed Cane" with which Radcliffe's name is always associated.

Dr. F. B. Lund translated some of the medical allusions to be found in the "Notae Atticae" of the Roman writer, Aulus Gellius (A.D. 120), which contains surprisingly accurate knowledge of the circulation of the blood, the epiglottis, etc.

Dr. W. Duncan Reid read notes on the substance known to the ancients as Stibium, later called Antimony, and traced its interesting history and use down to modern times.

Dr. George C. Shattuck spoke of the revival of the use of antimony, in the form of tartar emetic, in many tropical diseases. He considered it next to quinin as a specific in many of these conditions.

Mr. James F. Ballard showed a first edition of Radcliffe's Dispensatory, belonging to the Boston Medical Library, also two illustrations of early apothecary shops.

The next meeting will take place on Monday, March 19.

ESSEX SOUTH DISTRICT MEETING.

A regular meeting and dinner of the Essex South District Medical Society was held at Salem Hospital on February 21, 1923, at 5:30 p.m. with sixty members in attendance.

The following demonstrations were presented:

A case of acromegaly by Dr. Sargent; a case of Banti's Disease, Dr. Donaldson; a paper on multiple sclerosis, Dr. McDermott; two cases of radical operation for cancer of rectum, Dr. Field; a case of congenital pyloric obstruction, Dr. W. G. Phippen; a case of fracture of os calcis of both feet, Dr. W. G. Phippen; three cases of acute osteomyelitis, Dr. W. G. Phippen; preparation and injection of arsphenamine, Dr. Donham. Demonstrations of colloidal gold and gum mastic tests on spinal fluids. Blood pictures under the microscope. Dinner was served in the Nurses' dining room, at the conclusion of which the President, Dr. Baldwin, introduced Mr. George Grant, President of the Board of Trustees, who welcomed the society to the hospital. Dr. Baldwin then presented the speaker of the evening, Dr. William H. Smith of Boston, who discussed the "Symptomatology and Diagnosis of Continued Angina and Coronary Occlusion."

Adjourned 9:30.

Wm. T. Hopkins, Reporter.

ANNUAL MEETING OF THE EYE SIGHT CONSERVATION COUNCIL.

The Annual Meeting and election of the Eye Sight Conservation Council of America was held in New York on Tuesday, February 6th, 1923, at the Pennsylvania Hotel.

President Wallace reviewed the activities of the Council during the past year. He referred to the increased interest and the gratifying response to the work, and of the encouraging outlook for 1923.

Mr. Wallace announced that within the last

few weeks the program had been materially enlarged by there having been added to the staff as Field Secretary, Mr. Charles F. Southard, and also Mr. J. E. Hannum, a trained industrial engineer.

The General-Director, Guy A. Henry, presented his report for the year. He also spoke of encouraging results and stated that the reaction to the efforts of the Council had been far in excess of the most hopeful expectation. In referring to the distribution of publications he stated that there had been a total of more than 533,000 folders, pamphlets and reprints sent out by the Council during the year.

The financial report showed a most satisfactory condition with a substantial balance in the Treasury.

Prof. F. C. Caldwell, of Ohio State University, delivered a very interesting address on the subject of Glare. Prof. Caldwell is a prominent illuminating engineer, a member of the Council of the Illuminating Engineering Society and a Director of the E.S.C.C.

A most entertaining and instructive paper was read by Dr. Homer E. Smith of New York on the subject, "The Marvels of Vision."

Dr. Smith is a fellow of the American Academy of Surgeons and Assistant Surgeon of the Manhattan Eye, Ear, Nose and Throat Hospital.

THE SAN FRANCISCO CONVENTION SESSION OF THE AMERICAN MEDICAL ASSOCIATION AS A STARTING POINT FOR VARIOUS TOURS.

The California Convention Headquarters of the American Medical Association, working with the various tourist agencies, civic and commercial organizations, are arranging plans whereby the San Francisco Convention will be the starting point for a number of tours.

One of these will be a three weeks' trip to Honolulu, on a special boat touching at all the principal ports, including the Leper Colony, and returning to San Francisco.

Another trip under contemplation is up the West Coast of the United States to Alaska and return, allowing returning passengers to leave the boat at Vancouver and travel over the Canadian Pacific East, or at Seattle over the Great Northern Railroad; at Portland and thence East by a number of lines, or to San Francisco and Los Angeles or San Diego, and back East by any of the numerous lines, or connecting at San Francisco with boats that will return East through the Panama Canal.

Arrangements are also being planned by which persons may begin an entire Oriental tour, starting from the Convention a day or so after its close. These trips will include Japan, China, the

Philippine Islands, and return to San Francisco, or one may go on through the Suez Canal and Europe.

In fact, any and all sorts of combinations of tours to take up as much vacation as one cares to use, and to any part of the world, will be one of the features easily arranged in connection with the Convention.

Persons interested in any of these points, or in any other matters connected with their trip to California, are requested to write W. E. Musgrave, Chairman of the Local Committee of Arrangements, 806-809 Balboa Building, San Francisco.

Miscellany.

NEW BULLETIN ON VITAMINS PUBLISHED BY U. S. DEPARTMENT OF AGRICULTURE.

Meat, one of our most important foodstuffs, has been assigned a rather low value as a source of vitamins, but, according to experiments made by the United States Department of Agriculture, various kinds of lean meat and the edible organs of cattle, sheep and hogs have been found to contain varying quantities of vitamin B, also known as the antineuritic vitamin. The results of the tests, which consisted in feeding muscle from the different parts of the carcass and the various edible internal organs to pigeons, have been published as Department Bulletin 1138, Vitamin B in the Edible Tissues of the Ox, Sheep, and Hog, by Ralph Hoagland.

It is the deficiency of this vitamin in polished rice that causes the disease beriberi among people living largely on a rice diet. The disease can be cured by a ration of unpolished rice. It would, of course, be cured by a ration containing a meat with this vitamin.

Meat may now be regarded as an important source of vitamin B, and certain of the internal organs, particularly the heart, liver and kidney, are relatively rich in the three vitamins, A, B, and C. Pork in particular—that is, the lean meat—is rich in vitamin B, comparing favorably in this respect with the liver and kidneys, organs heretofore recognized as containing an abundance of this vitamin. Beef appears to contain a much smaller proportion of the vitamin, while mutton occupies an intermediate position. Of the internal organs, the liver seems to be the richest in this vitamin, but the liver and kidney have only slightly lower values. Other organs contain smaller quantities. This class of meat products is an important and economical source of vitamin B.

THE EYE SIGHT CONSERVATION COUNCIL OF AMERICA.

Election of Secretary James J. Davis of the U. S. Department of Labor, and of Prof. F. C. Caldwell, of the Department of Electrical Engineering, of Ohio State University, as councilors and directors of the Eye Sight Conservation Council of America, is announced at the national headquarters of the Council in New York City by Guy A. Henry, General-Director.

Secretary Davis and Prof. Caldwell will participate with other prominent educators, economists, engineers, public officials and civic leaders in the Council's nation-wide activity in behalf of conservation of vision in education and industry. Disclosures made by the Hoover Committee on the Elimination of Waste in Industry showed that poor eye sight among the workers was causing heavy annual economic losses. Surveys in numerous cities have revealed similar conditions of vision in the schools.

AMERICAN RED CROSS WORK IN GREECE.

IN ASSOCIATION with the ministry of public assistance of the Greek Government, the American Red Cross is conducting a vigorous defensive campaign against an expected invasion of epidemic diseases. There are 1,000,000 refugees to be looked after. The work has been organized into sub-divisions, the final unit comprising 5,000 refugees. Every camp will be provided with general and special hospital wards. The program includes the distribution of blankets, clothing and food, in addition to medical supplies and service under Colonel William N. Haskell. Thus far \$2,500,000 worth of supplies have been allocated and distributed.

NATIONAL NEGRO HEALTH WEEK.

During National Negro Health Week, which this year will be celebrated from April 1 to 7, all organizations and persons interested and active in the work will be specially urged to endeavor to get in touch with the vast majority of negroes who have not yet learned of the health work done and the great benefits brought about to self, home, and community, by the community gatherings of the week.

During the week the steady decrease in the negro death rate discussed last year will again be emphasized. Statistics show that in Maryland and North Carolina, the only two southern states in which the records go back for ten years, the negro death rate decreased 7.8 and 32.8 per cent, respectively.

These figures seem to indicate that American

Negroes are not necessarily short lived nor especially liable to disease and that their death rate is largely due to their comparative poverty. The point is made that better hygienic conditions would reduce the rate of both sickness and death and do away with much of the industrial loss caused to employers by absenteeism.

Monday is hygiene day. Tuesday is "Swat the Fly" day. Wednesday is tuberculosis day. Thursday is children's day; parents will be invited to attend. Friday will be devoted to cleaning up churches and grounds and to putting toilets into sanitary condition. Saturday will be a general clean-up day.

Health Week will be conducted by Dr. R. R. Moton, principal of Tuskegee Institute, under the auspices of the Annual Tuskegee Negro Conference and the National Negro Business League, with the coöperation of many other organizations.

VACCINATION IS 2,000 YEARS OLD.

"Vaccination is an outgrowth of man's effort to protect himself from pestilence by using nature's methods of defense," says Dr. G. W. McCoy, director of the Hygienic Laboratory of the U. S. Public Health Service. "Primitive man noticed that recovery from a first attack by most diseases gave immunity against other attacks; and some 2,000 years ago he began to inoculate his fellows with smallpox when conditions seemed propitious instead of waiting for nature to do it at some time when conditions might be very unpropitious.

"Inoculations against smallpox were made in India and in China as early as 300 B. C. Later, when the disease reached Europe, inoculation went with it, supplemented by a new method called 'selling smallpox'—exposing a well person to contact with one ill with the disease so that if he survived he would be proof against it.

"Inoculation differs somewhat from vaccination as devised by Jenner, but the principle is the same. Moreover, long before Jenner's day it was known that an attack of cowpox gave immunity from smallpox; and records show that men who had recovered from cowpox had themselves inoculated with smallpox to make the proof conclusive. Jenner, however, as he himself says, 'placed vaccination on a rock' where he knew it would be immovable.

"Before the days of vaccination conservative estimates show that one-third of all persons had smallpox and one-tenth of all deaths were due to it. Today smallpox is rare; many physicians have never seen a case; and, where vaccination is consistently practiced no deaths from it occur. Formerly smallpox was considered a children's disease; and it still is a child's disease—where infantile and school vaccination is neglected.

Witness the Philippines, where four or five years ago, after years of neglect of vaccination, an epidemic swept away nearly 50,000 persons, a large percentage of whom were children under ten years of age."

In the United States, well-vaccinated communities show low smallpox rates. Poorly-vaccinated States tell another story: Oregon with 1.45 per thousand population, Washington with 1.72; and Kansas with 2.0 per thousand population.

Some communities wait till an epidemic breaks out and then rush to vaccinate. This stops the disease—after it has caused many deaths and has "branded" many survivors. Sixteen months ago, in Kansas City, an epidemic of smallpox began, yielding 350 cases and 123 deaths; and a few months later another started in Denver and yielded 950 cases and 288 deaths. Such epidemics always end the opposition to vaccination in the community—for a time.

RÉSUMÉ OF COMMUNICABLE DISEASES.

JANUARY, 1923.

GENERAL PREVALENCE.

The more prevalent diseases showing an increase over December, 1922, are as follows: Anterior poliomyelitis, chicken-pox, epidemic cerebrospinal meningitis, influenza, measles, mumps, ophthalmia neonatorum, pneumonia (lobar), scarlet fever, tuberculosis (pulmonary), whooping-cough.

RARE DISEASES.

Anterior poliomyelitis was reported from Belchertown, 1; Boston, 4; Lowell, 1; Mansfield, 1; Springfield, 1; Sturbridge, 1; Waltham, 1; total, 10.

Anthrax was reported from Springfield, 1; Stoneham, 1; total, 2.

Dog-bite requiring anti-rabic treatment was reported from Arlington, 2; Boston, 4; Cambridge, 1; Dracut, 3; Holyoke, 1; Lowell, 11; Lynn, 1; North Attleboro, 1; South Hadley, 5; Winthrop, 1; total, 30.

Encephalitis lethargica was reported from Boston, 3; Dighton, 1; Fall River, 1; Lynn, 1; Springfield, 1; Westfield, 1; total, 8.

Epidemic cerebrospinal meningitis was reported from Ashland, 1; Ashfield, 1; Boston, 3; Dartmouth, 1; Everett, 1; Holyoke, 1; Lawrence, 1; Somerville, 1; Springfield, 1; total, 11.

Hookworm was reported from Boston, 1.

Pellagra was reported from Northampton, 1. *Septic sore throat* was reported from Boston, 4; Cambridge, 2; Fall River, 2; New Bedford, 1; Somerville, 1; Waltham, 2; Winthrop, 1; Worcester, 1; total, 14.

Trachoma was reported from Boston, 2; Cambridge, 1; Fitchburg, 2; Lynn, 1; Watertown, 1; total, 7.

WANTED.

A doctor, a nurse and a hospital housekeeper will find great opportunity for a consecrated professional career in connection with Presbyterian medical missions in Alaska, according to an announcement just made by the Rev. Fred Eastman, director of educational work for the Presbyterian Board of Home Missions, 156 Fifth Avenue, New York.

The doctor, said Mr. Eastman, is urgently needed for Cape Prince of Wales. He must be filled with the missionary spirit and should be married. While his work would be hard and the situation lonely, still there would be abundant circumstances to satisfy the candidate's desire of adventure and zeal for service, and there is every reason why he should be able to develop a work comparable to that of Dr. Grenfell of Labrador or that of Dr. Frank H. Spence and Dr. Henry W. Greist, Presbyterian medical missionaries at Point Barrow, the farthest north hospital in the world, at the apex of Alaska.

THE JAPANESE MEDICAL COMMISSION.

A RECENT cable dispatch from Tokyo announces the appointment of Baron Yoshihiro Takagi, chief surgeon and professor of surgery in the Tokyo Charity Hospital and Medical College, as a member of a commission of six Japanese doctors who will arrive in the United States early in March as guests of the Rockefeller Foundation for the purpose of studying American and Canadian medical institutions and methods.

THE Royal Society of Medicine celebrated the Jenner centenary on January 26, when Sir William Hale-White gave an address on "Jenner and His Work."

THE NATIONAL LEPROSARIUM.

CONGRESS has passed the bill appropriating \$650,000 for additional buildings at the National Leper Home at Carville, La. The bill awaits the President's signature.

Dr. Cumming, Surgeon General, states that there are about 500 lepers in the United States, and that the appropriation will provide accommodations for all. Dr. J. D. Long, Assistant Surgeon General of the P. H. Service, says that only a small percentage of lepers are cured. Forty-five out of 5000 in the Philippines have been reported as cured.

It is claimed that practically all of ten thousand cases studied in the Philippines had been afflicted with scabies, and the inference is plain that the itch-mite is regarded by those who studied the disease in the Philippines as a prob-

able vehicle by which the disease is passed from one person to another.

REDUCTION OF THE NARCOTIC TAX.

REPRESENTATIVE J. J. KINDRED of New York has introduced a bill, H. R. 14238, amending the present law, and which provides for the reduction of the annual tax now required of physicians, dentists and veterinary surgeons to one dollar. This bill has been referred to the committee on Ways and Means.

Representative Kindred is a physician, and has made remarks on the floor of the House relating to hypnotism and auto-suggestion, and stated that Coué's methods presented nothing new.

COUÉ'S LECTURES.

THE *New York Herald* reports that M. Coué's lectures in this country netted \$26,242.33. Of this sum the National Autosuggestion Institute here will get \$10,000, and the balance will be given to the Paris plant.

The work in this country will be carried on by Captain and Mrs. Stewart Rogerson, who have worked with M. Coué in France and England, and who arrived in New York, February 18. Oliver S. Lyford has officiated as Chairman of the New York Finance Committee. In another part of the report it is stated that the gross receipts for the eighteen lectures amounted to \$21,979.37, and that the disbursements were \$5,737.04.

A School will be established in California. Mr. Lyford states that M. Coué has not received, and will never receive, any personal gain or benefit from any of these receipts.

POOR SPELLING DUE TO DEFECTIVE VISION.

PARENTS AND TEACHERS SHOULD GIVE MORE ATTENTION TO EYES OF CHILDREN.

Poor spelling, even among the well-educated, is due largely to poor eyesight in early life. To spell correctly is truthfully to recall shapes and sizes which were photographed upon the brain through the eyes. When the material is wanted for use, the brain must give the information it contains. If the eyes have not photographed a perfect likeness of the word or words, your knowledge is incorrect.

To overcome poor spelling, proper care of the eyes should be one of the first thoughts of parents and teachers.

The correction of defective vision and relief of eye strain will promote a more efficient race of men and women because poor eyesight, to a great extent, is responsible for many thousands of inefficient Americans.

EXCERPTS FROM "SCIENCE."

THE China Medical Board of the Rockefeller Foundation has made a conditional gift of \$75,000 to the Peking Union Medical College for the erection of one of the two science halls which are provided for in the plans for a group of buildings to be erected on a 300-acre site. The gift is contingent on the raising of an equal amount for the erection of the other science hall. A campaign to raise the \$1,000,000 necessary for the erection of the new buildings was recently launched by L. Leighton Stewart, president of the university.

DR. WILLIAM S. McCANN, associate professor of medicine at Johns Hopkins University, has been appointed professor of medicine at the University of Rochester Medical School.

DR. BORDEN S. VEEDER, professor of clinical pediatrics at Washington University School of Medicine, has been named as a director of the new American Child Health Association.

DR. WARREN P. LOMBARD, for twenty years professor of physiology at the University of Michigan, will retire in June. Dr. Lombard has been appointed professor emeritus, and will retain a laboratory in the medical school.

ANNOUNCEMENT was made at the meeting at Atlantic City of the American Roentgen Ray Society of an offer of a \$1,000 award by the American society for the best original research in the field of x-ray, radium or radioactivity. The competition will close July 1, 1923, and the prize will be awarded by a committee consisting of Dr. George E. Pfahler, Philadelphia; Dr. Frederick Baetjer, of Baltimore, and Dr. George W. Holmes, of Boston.

In honor of the seventy-fifth birthday of Professor Flügge, who was for many years the director of the Hygienic Institute in Berlin, Professor Kayserling, of the Robert Koch Foundation for Combating Tuberculosis, has founded a Flügge fund for tuberculosis research.

A LITTLE GIRL'S COMPOSITION ABOUT MEN.

"Men are what women marry. Men are more logical than women, also more zoölogical. Both

men and women sprang from the monkey but women sprang a little farther."

Book Review.

Bi-Sexual Love. By WILLIAM STEKEL, M.D. Translated by James S. Van Teslaar, M.D. Pp. 359. Boston: Richard G. Badger. 1922.

The present work is the first translation into English of a part of Stekel's extensive series of clinical studies in psychopathology, entitled "Disorders of the Instincts and Emotions." The translation represents approximately one-half of the portion devoted to homosexuality in the volume entitled "Onanism and Homosexuality." Since the second printing of the work appeared, the other half, bearing the title of "The Homosexual Neurosis," has been published.

Dr. Stekel is one of the most erudite and brilliant of the medical psychoanalysts, and in this practical volume he presents many interesting and detailed case histories and psychoanalyses from his wide clinical experience, showing the widespread presence of bi-sexual love and the relationship of this bisexuality to the psychogenesis of homosexuality. The whole question of the cause and treatment of homosexuality has been revolutionized through psychoanalytic investigation. Today the condition is considered, not as a result of hereditary transmission, as it was originally described by Krafft-Ebing, but as a distinct neurosis, whose cause lies in the bi-sexual attributes of the unconscious. The older works on homosexuality were purely descriptive and it was left for psychoanalysis to give a sound and rational interpretation of the disorder. Up to the advent of psychoanalysis, the treatment for homosexuality was limited to the use of hypnotic suggestion (Krafft-Ebing and Schrenk-Notzing) or by the "association-therapy" of Moll. Both of these therapeutic methods frequently failed, or if successful, the result was only temporary. The psychoanalytic method has provided the most radical and successful therapy for this neurosis. The results are far more gratifying and more permanent than any previous methods of therapy, for psychoanalysis reaches the real unconscious sources of the inversion.

This volume can be highly recommended, not only to the physicians but also to lawyers, as occasionally the homosexual comes into conflict with the law and his acts are interpreted as a disgusting perversion, rather than as symptomatic of a neurosis which is in most cases amenable to psychoanalytic therapy. The translation is brilliantly done, as the translator is thoroughly equipped, both linguistically and psychoanalytically, for the difficult task of rendering into clear English such a complicated subject.

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CHALLENGE TO THE MEDICAL PROFESSION.

UNDER the above title Dr. John Dill Robertson, former Health Commissioner of Chicago, in an article published in the *American Journal of Public Health*, takes as his text the remark of "a noted health officer," who stated that "The eyes of the people of America are now fixed upon the health officer who teaches preventive medicine rather than upon the physician and surgeon who is engaged in so-called curative medicine."

Dr. Robertson then goes on to assert that as a class general practitioners have not grasped the obvious fact that it is better to be well than to be sick, and further, that the general practitioner in many of our cities is obstructing and finding fault with modern progressive ideas for health conservation. He even asserts that this applies to many of our so-called leaders in the medical profession. In confirmation of his assertions he refers to articles published in the *Journal of the A. M. A.*, and especially cites the paper of Dr. Gardner of Buffalo, who evidently fears that the socialistic tendencies in medicine bear heavily on the private physician. Dr. Robertson contrasts the attitude of the dental with that of the medical profession, to the detriment of the latter. He pays high tribute to the dentists, not health agencies, but also for progressive action

only for the support extended to the public in instituting dental prophylaxis among school children and free dental clinics.

The underlying argument in this paper of Dr. Robertson's is that if state medicine comes it will come because of the disinclination of medical men to adjust themselves to the changing conditions, and that the remedy consists on developing preventive medicine in the clientele of each physician. This should be brought about, according to Dr. Robertson's reasoning, by instructing one's patients in the principles of personal hygiene and preventive medicine, particularly by periodic examinations of those persons for whose health the doctor is responsible. Rather than take on this responsibility, Dr. Robertson claims that doctors sit in their offices grumbling because the cultists are getting their patients and become irritated when a public health official refers patients back to them with the suggestion that certain conditions call for attention. In order to meet impending changes in medical practice the doctor is advised to interest himself in presenting those problems of health which may be assimilated by the laity, by organizing health societies, delivering addresses, and thereby creating in the minds of the people the vital importance of careful routine investigations of the condition of the body at regular intervals. In other words, the doctor should be a volunteer unofficial of the public health activities of the state, and through legitimate advertising secure a type of business which is less exacting and quite as remunerative as the more general house to house routine of the past. This carries with it the assumption that if the doctor does not enlist in this way, the public health officials will encroach more and more upon the field of private practice, and state medicine will become entrenched.

The charges and the prophecy made are blunt, and intended to be sufficiently irritating to compel doctors to take due notice and respond to the warning. The physicians of Chicago are used as examples of indifference, ill temper and active antagonism to modern methods.

When an arraignment of this character is thus definitely formulated, it becomes the duty of the profession to demonstrate the falsity of the charges or to amend its ways. The charges are in the open, and will be accepted as truths unless refuted. It has been asserted here in Boston that physicians are somewhat blameworthy for the popular endorsement of the cults, for it has been claimed that if more personal attention had been given to minor ills and pains, and more general information broadcasted, scientific medicine would receive more general endorsement by the masses. It may be that the situation as portrayed is not so general as Dr. Robertson would have us believe, but we must recognize that indifference and failure to relieve discomforts, appeal to the sick, and create feelings of distrust and

antagonism toward medicine. Our responsibility exists, and applies to each individual member of our profession. Some of the activities which Dr. Robertson would have doctors take on have been prosecuted throughout this state; for example, the lectures at the Harvard Medical School, and the public meetings devoted to the dissemination of acknowledged facts about cancer, tuberculosis, and other diseases. Although these efforts have accomplished much good, they are to some extent spasmodic, and fail to reach as many as is desirable.

There is certainly opportunity for more general instruction in health matters, but can we expect the average doctor, who is the one to be most affected by the suggested changes, to adjust himself to new methods? He is entitled to consideration, and it may be fair to assume that radical changes in medical service must be carried on by those whose education more adequately fits them for missionary effort and preventive medicine teaching.

The future has problems which call for solution. Shall we adjust ourselves to changes already taking place, disarm the critics, and win more general endorsement of the people?

THE MILK QUESTION.

A meeting unusual in character and in the interest it should arouse is that to be held by the Districts of the Massachusetts Medical Society, which include Metropolitan Boston, for the discussion of the milk question.

The Governor of the Commonwealth in his message to the Legislature this year called attention to the need of measures for the eradication of tuberculosis among cattle. Other New England states are considering the same subject. Vermont has just appropriated \$100,000 for this purpose this year and \$75,000 for next year. The United States Government also is active.

Disease among cattle and among dairymen and others who handle milk is not only a public health problem but a very important economic problem. The food value of milk is far in excess of that of other foods for which the same amount of money is spent. Of all the money spent for food, one-fifth goes to buy dairy products.

Tremendous progress has been made toward safe milk. Summer diarrhea of infants no longer exists as it did a few years ago in the days of the open dip tank of the corner grocery. Those in positions to know, state that surgical tuberculosis both of bone and of lymphatics is decreasing. Further steps are necessary. The public is interested.

The list of speakers assures a consideration of the questions involved in the production of

wholesome milk, from every standpoint. The immense capital invested in cattle is often forgotten. It is very important to keep the sources of the milk supply reasonably near to the large cities. It is essential that no steps be taken which may discourage the keeping of cattle by the farmer. Such progress has been made here and elsewhere, however, that it does not seem unreasonable to look forward to the complete eradication of bovine tuberculosis. This would be a tremendous advantage to the farmer.

The question of the advisability of continuing the certification of milk is one constantly coming up. If it is abolished what standards are left? How great reliance can be placed on pasteurization? What are the disadvantages and dangers of pasteurization and boiling milk?

It is hoped that at this meeting, which is to be held at the Boston Medical Library on Wednesday evening, March 14, a free discussion of all the questions involved will help to form an opinion among physicians which will be fair to the farmer, reasonable from the point of view of the public welfare and for the betterment of the public health.

SOME ELECTRONIC DIAGNOSES.

ALTHOUGH one sees occasional letters from misled laymen, beseeching their doctors to look carefully into the wonders of the electronic theory, the medical profession as a whole is quite enlightened as to the value of Abrams' reactions. And now the Osteopaths, in whose ranks Abrams at first found a number of followers, are willing to state definitely that they will have none of him. Some 200 of them still practise ERA, but the better educated and more scientifically minded among them refute it. Dr. George W. Goode of Boston, President of the American Association of Osteopathy, has been of great assistance to the JOURNAL in ascertaining the truth of Abrams' theories. Through him it was made possible for one of the editors of the JOURNAL to submit a series of blood specimens for diagnosis by the electronic method; these were done by a graduate of Dr. Cave's course. The specimens were taken from hospital patients with well marked lesions, and from supposedly healthy individuals. The blood was taken in rooms which were not brilliantly lighted, and the persons involved in the procedure were not wearing bright colors. The list follows:

<i>Electronic Diagnosis.</i>	<i>Hospital Diagnosis.</i>
No. 1. No reaction.	Huntington Hospital — Cancer of penis.
No. 2. Acquired lues. Strep. G. C. Strain light.	Huntington Hospital — Papilloma of tongue.

<i>Electronic Diagnosis.</i>	<i>Hospital Diagnosis.</i>
No. 3. T. B. Acquired lues.	Nos. 3, 4 and 5 were from the same apparently healthy individual, and were taken at the same time.
No. 4. Congenital lues. Strep.	
No. 5. No reaction.	
No. 6. Cong. lues. T. B.	Apparently healthy house officer.
No. 7. Cong. lues. Chronic irritation.	Mass. General Hospital— Cancer rectum.
No. 8. Strep. Cong. lues. G. C.	Mass. General Hospital— Cancer rectum.
No. 9. Congenital lues. Strep. slight.	Mass. General Hospital— T. B. lung, empyema.
No. 10. No reaction.	Mass. General Hospital— Strep. abscess neck.

The specimens numbered 3, 4, and 5 were obtained at the same time from one of the editorial staff, the same one who was diagnosed by Abrams himself as having syphilis, tuberculosis, sarcoma, and streptococcus infection. Yet the diagnosis of each specimen obtained from this person was different. Several of the other bloods might be said not to be fair tests. In Case 1, an extensive cancer of the penis had been removed several days before the blood was obtained. Strictly speaking, the patient (we hope) had no cancer at the time of taking the blood. A number of the cases, however, were clear-cut, with diagnoses proved by microscopic and cultural methods, and were seriously ill with the disease mentioned in the list. It does not help their cause for the advocates of the electronic theory to say that in these cases they were able to discover additional diseases in "premedical" stages (a favorite way of eluding the truth), for what people want to know is the nature of the malady which is the cause of their illness.

A DRIVE FOR FUNDS.

ACCORDING to advertisements in the Boston press a plan has been formulated to combine the work of the Instructive District Nursing and Baby Hygiene associations under the name of the Community Health Association, and funds to the amount of \$235,000 are asked for in order to support the work of 166 nurses and 12 nutrition workers. In order to make the appeal especially impressive, reference is made to the work of the district nurses under the claim that they saved Boston during the influenza epidemic of 1918, and, further, the claim that the Baby Hygiene Association has reduced its infant mortality to 15.78 per 1000, while Boston's figures show only 55.15 per 1000. Both of these claims, if true, are startling.

No one questions for a moment the dreadful suffering and high mortality of the influenza

year nor the glorious work of the nurses. We all remember them gratefully. But there were some other factors engaged in the work against influenza in that fateful year.

If the Baby Hygiene Association can show this marvelously greater efficiency it is a serious indictment of our social structure which permits the higher general mortality among those infants not cared for by the Baby Hygiene Association.

Practically all statistics require analysis and explanation for correct interpretation. May it not be wise for the sponsors of this drive to give the public the methods of comparative analysis which lead to the conclusions expressed in the advertisements? If the Baby Hygiene Association can show that it can save nearly forty more lives in every one thousand babies, the people should demand an extension of public health activities to reach the class that is not cared for by this association.

The state and its municipalities should not be complacent under this indictment. There is an explanation or there is ground for complaint.

AN ABUSE OF LEGAL CUSTOMS.

LAWYERS, under our system of court procedure, may require the presence of a physician in a court to give testimony.

Ordinarily lawyers are courteous and confer with physicians about cases and arrange for the least possible inconvenience involved in absence from routine practice.

Recently a lawyer required seven physicians to appear in court to give testimony relating to a case about which most of these physicians had no knowledge. It appeared to be the plan of the attorney to ascertain opinions through questions to be asked, with the expectation of securing testimony in favor of his client. This procedure was evidently devised by the lawyer on the gamble that he could find some support without the expense of employing physicians who, after examination, could give intelligent opinions.

This practice is reprehensible and is an insult to the medical profession. Fortunately for all concerned, it is an exception to ordinary legal procedure and is evidence of a failure to observe the ordinary rules of courtesy common among professional gentlemen. According to the contention of this lawyer, which was sustained by the court, the entire staff of a hospital could be compelled to attend court for a two-dollar-a-day fee for each person and be held there at the disposition of an attorney.

This action by the attorney referred to is an unwarranted use of power which any other member of the bar may at any time see fit to employ. Physicians have been ready to render all possible assistance within reason to our courts, but if such control of a physician's time

should be exercised frequently, the profession would be warranted in rebelling against this abuse.

This one illustration of the possibility of the misuse of power calls for action by our Society. It is probable that influential members of the bar would be glad to confer with duly accredited members of the Massachusetts Medical Society and try to formulate rules for procedure that would prevent a repetition of the outrage referred to above.

THE BASIS OF PSYCHOTHERAPY.

IN another column of the JOURNAL there appears a letter in which the writer makes a plea for "the extraction of the common element" of various psychotherapeutic procedures. The procedures which he mentions are pseudo-scientific and poorly directed in their methods and yet through all of them runs an element which is basic. With the one exception of psychoanalysis, all psychotherapeutic methods, even the so-called persuasion and reeducation procedures, are dependent upon the common element of suggestion for their results. It is around this word "suggestion" that both laymen and even many of the medical profession have allowed their ideas to crystallize as a complete and final explanation of all psychotherapy. All was explained by the talismanic word "suggestion," it was used to interpret everything; and yet what was meant by suggestion, what it really connoted, was left exempt from any explanation. The word was sort of a shorthand method of description, although its utilization offered no solution of the problem. Its mere use was sufficient and seemed to have made it unnecessary to understand the problem further or to explain the ultimate nature of suggestion.

What, then, is suggestion? Is it sound, scientific and rational? How does it act and what does it do? Suggestion can be carried out in the waking, subwaking or hypnotic state, and, according to Bernheim, the aim of all psychotherapeutics is to artificially increase suggestibility, and, therefore, suggestion becomes the act by which an idea is introduced into the mind and accepted. But suggestion, to be active at all, requires also that a special emotional state be present, and, consequently, the recent auto-suggestion epidemic worked best in groups and crowds, because crowds are pre-eminently influenced by the magical power of words or the behavior of others.

All suggestion is a form of medical magic, of what the psychoanalysts term an omnipotence of thought—that is, the inner conviction that mere words or wishes are followed by certain results, remote or immediate, in the external world. Suggestion is an attempt to substitute in the mind a fantasy of health for the

reality of disease. The object of suggestion, therefore, is to make non-existent the symptoms of a disease; it is a belief that a mere wish or word, if repeated sufficiently often to make a patient well, will make him well. In other words, there is a feeling in all suggestive therapeutics—a feeling akin to the desires of the primitive medicine-man, with which modern suggestion is closely linked and from which it is historically descended—that some power can emanate from thoughts or words, which will have a favorable effect on the cure of a disease.

Suggestion side-tracks the real issue, it negates the existence of the disease, and, like magic, it attempts to make non-existent what is really existent in the subject's mind or body. The fallacy of all suggestion is that it puts symptoms into the mind, it drives them deeper, it does not eliminate them. The theory that suggestion can reach the unconscious mental life has only to be mentioned to realize its absurdity. In suggestion, when it has any effect at all, such effects are transitory.

We hope that the day will come when medical tradition will break away from its primitive, undirected thinking of suggestion and substitute a scientific, directed thinking of real, analytical therapeutics. When this medical millennium arrives, the various "isms" based on so-called suggestion will have been relegated to that limbo which already contains the incubation sleep of the ancient Greeks and the tractors of Elisha Perkins.

News Items.

HARVARD MEDICAL SOCIETY.—The meeting of this society was held in the Peter Bent Brigham Hospital Amphitheater (Van Dyke Street entrance), Tuesday evening, February 27. Program: Demonstration of cases. La Salpêtrière, Dr. P. Bailey.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.—A special meeting of the society was held at the Boston Medical Library, 8 The Fenway, on Wednesday, February 28, at 12 o'clock noon. Dr. Horace P. Stevens read a paper on "Spinal Anesthesia." The discussion was opened by Dr. A. H. Crosbie of Boston.

DR. HOMER GAGE is traveling abroad.

DINNER TO DR. EDSALL.—The medical staff of the Massachusetts General Hospital gave a dinner on February 27 at the University Club in honor of Dr. Edsall who has just returned from abroad.

Dr. Gerardo M. Balboni was the toastmaster. The speakers included Dr. Edsall, Dr. Frederic A. Washburn, Dr. Richard C. Cabot and others.

STAFF MEETING AT THE CHILDREN'S HOSPITAL.—The Visiting Staff of the Children's Hospital will hold a clinical meeting in the amphitheatre of the hospital Friday, March 9, at 4:30 P.M. Demonstration of cases. Physicians cordially invited.

CHANGE OF OFFICE.—Dr. George Cheever Shattuck announces the removal of his office from 135 Marlborough Street to 520 Commonwealth Avenue, Boston, Massachusetts.

ATTENDANCE AT ASSOCIATED MEETINGS.—Dr. John P. Sutherland, Dean of the Boston University School of Medicine, attended the meetings of the Associated Medical Colleges at Ann Arbor, Michigan. From there he went to Chicago to attend the meetings of the Council in Medical Education, held on March 5, 6 and 7.

WEEK'S DEATH RATE IN BOSTON.—During the week ending February 24, 1923, the number of deaths reported was 271 against 327 last year, with a rate of 18.34. There were 37 deaths under one year of age against 51 last year. The number of cases of principal reportable diseases were: Diphtheria 44, Scarlet Fever 63, Measles 116, Whooping Cough 89, Tuberculosis 34. Included in the above, were the following cases of non-residents: Diphtheria 7, Scarlet Fever 17, Tuberculosis 3. Total deaths from these diseases were: Diphtheria 5, Scarlet Fever 2, Measles 3, Whooping Cough 6, Tuberculosis 20.

LAWRENCE MEDICAL CLUB.—The Monthly Meeting was held Monday evening, February 26, with Dr. R. C. Norris at Red Tavern, Methuen. Chairman for the evening was Dr. John Parr. Subject: Epidermophyton as seen in general practice. Dr. Wm. P. Boardman, of Boston.

MASSACHUSETTS GENERAL HOSPITAL.—The Fortnightly Clinical Conference of the Medical Staff was held in the Cardiac Clinic Room, Out-Patient Department, at noon Tuesday, March 6, 1923. Cases were presented for discussion.

Obituary.

HERBERT JAMES HALL, M.D.

DR. HERBERT JAMES HALL died at his home in Marblehead, Mass., February 19, 1923. He was born in Manchester, N. H., in 1870, the son of Marshall Parker Hall and Susan Maria (James) Hall. He is survived by his widow, Eliza Pitman (Goldthwait) Hall; a daughter, Katharine Hall; a son, Marshall Goldthwait Hall, and a brother, Rev. Newton M. Hall, D.D., of Springfield, Mass.

Dr. Hall was graduated from the Harvard Medical School in 1895 and served as interne at the Children's Hospital of Boston and the Massachusetts General Hospital. He had a

large general practice in Marblehead from 1896 to 1912. While engaged in this practice he became interested in the problem presented by patients who were handicapped in one way or another in the struggle of life. He was convinced that by adjusting the task to the worker and the worker to the task that much profit might accrue to the world from lives that would otherwise be wasted. He particularly saw that while there were many men and women of weak physique or nervous temperament, possessed of fine intellect, artistic taste or skill, that their ability was going to waste because no one was fitting their tasks to them. He was to take full part in industry or the world's work no attempt was made to salvage what they could do.

In the midst of his busy practice, Dr. Hall gathered a group of such patients about him, started a pottery, a blacksmith shop, a carpenter shop, a weaving room and other industries and set them to work. He met with so much success in the handling of these patients and his interest so centered in this work that in 1912 he gave up his general practice and opened the Devereux Mansion Sanatorium at Marblehead. Here with facilities for 40 patients, his large medical workshops, the beautiful view of Massachusetts Bay across the lowlands and the beach, he had the surroundings that he loved and ideal conditions for his patients.

Dr. Hall's personality was an unusual one. His intelligence was strong and active. He was sympathetic and devoted to his patients. There are many men and women to whom he gave a new courage to face the world and who learned from him methods of occupation and of thought which made their lives worth while to them. Dr. Hall's love of nature was a passion with him. His two books of poems, "Moonrise" and "The Sea World Waits," demonstrate this to all who read them. Music, architecture and all beautiful things made strong appeal to him. In the later years of his life an increasing deafness afflicted him. This made it more and more difficult to converse with others. His compensation was an increased love for and appreciation of nature.

Dr. Hall's prose works were, "The Untroubled Mind," "War Time Nerves," "Handicraft for the Handicapped" and "The Work of Our Hands." Sound philosophy and helpfulness marked his writings. Dr. Hall's last illness was many months in length. He suffered bitter pain and anguish. The following is his poem:

TRIUMPH.

All, all is taken from me, all—
I know but heavy sorrow and the long
Insistent pain that comes of hopeless wrong.
The heavens that were love and beauty fall—
Joy and laughter are beyond recall,
Yet shall the barren places hear my song,
Yet shall the courage of my faith be strong,
Unmoved, resistant like a great sea wall.

For in the barrenness of life I feel
A dignity and greatness that can be
Naught but the hand of God. Cold and bare
The sloping shores, merciless as steel
The hard flat surface of the circling sea—
The more life mocks at me the more I dare.

ATHANIEL A. GLEBOW, M.D.

DR. ATHANIEL A. GLEBOW, of Jamaica Plain, died at Peter Bent Brigham Hospital, February 19, 1923, following an attack of grippe, at the age of forty-eight. Dr. Glebow was born in Germany, was graduated from the University of Würzburg, in 1908, married a Polish lady and came to this country in 1911, settling in Cambridge. Recently he had lived and practised in Jamaica Plain. One of his daughters is a practising physician in Salem, a member of the Massachusetts Medical Society, Eleanore Marguerite Glebow, the wife of Dr. Jean Charles Marchand, also a member of the society.

DR. STAFFORD BAKER SMITH, a non-resident Fellow of the Massachusetts Medical Society, died at New York City, February 29, 1920, aged 36.

DR. SUSAN ELIZABETH CROCKER, a non-resident retired member of the Massachusetts Medical Society, died at Los Angeles, Calif., July 18, 1922, at the age of 87.

Correspondence

STATEMENTS FROM THE "COMMONHEALTH."

Mr. Editor:

Physicians will be interested in the following statements of the State Department of Health appearing in the "Commonwealth" which is published by the Department and distributed to the public and the medical profession. The first article appeared two years ago. The second, but recently.

Vol. 7, No. 3. "The maternal mortality shows an increase of 70.3 per cent. during the past sixteen years." (Alarming diagrams show how the deaths increased by leaps and bounds.)

Vol. 9, No. 5. "The maternal mortality, according to our best statistics, is increasing. At any rate we may say that making allowance for every sort of error, both of commission and omission, which medical ingenuity may suggest as having been committed by the statisticians, we cannot by any effort of imagination blink the fact that the rate has not been decreasing the last decade or so."

The first statement was apparently based on the State's uninterpreted crude statistics; the second is based on "our best" brand of statistics. May we not soon hope for still another statement from the Board in the "Commonwealth" and before all the Women's Clubs based on good sense, emphasizing that the mortality is decreasing steadily due to well-recognized improvement in the care of expectant mothers?

Is not "medical ingenuity" a rather harsh phrase for the State Department of Health to apply to the

use of statistics by the medical profession, or to apply to the unanimous findings of a Committee of the Massachusetts Medical Society? Is it not unfortunate that this language should be used by a Board that used crude statistics without explaining that such statistics are absolutely worthless for comparative purposes?

May it be a long day before any other official Board indicts so carelessly and unjustly the good name of the medical profession.

RICHARD DUTTON.

Wakefield, Mass., February 14, 1923.

"THE TRUTH ABOUT BLAYDS."

To the Editor of the BOSTON MEDICAL & SURGICAL JOURNAL:

A great deal is said today in both the written and the spoken word, concerning the "Stage," and the fact that between the "Movies" on one hand, and the "Follies" and "Reviews" on the other, the public has but little chance of being entertained with really worth-while plays, and by acting actuated by an earnest effort and a serious intent. In a large degree such criticism of the American stage of today is justified. It is, therefore, all the more important that approval should be given publicly when performances of genuine merit are offered to us.

"The Truth about Blayds," which was presented at the Copley Theatre in January, and has been repeated this week, is a case in point. The book itself, and the dialogue as well, appeals to something a little higher than the desire either to be simply amused or excited (—in any sense). The acting is exceptionally good, almost without exception the parts are portrayed in a manner beyond reasonable criticism; to be sure the solution of the imaginary problem, as offered in the final act, may or may not appeal to the interested listener, but that is a matter of individual judgment. The writer particularly wishes to call attention to the remarkable presentation (by Mr. Wingfield) of the very old man, whose 90th birthday is celebrated in the Second Act. Surely nothing more singularly true to nature than this has been seen in Boston for many a long year.

From a medical standpoint, the picture is perfect. The waning powers, mental and physical, of a strong personality, are portrayed with an understanding, a sympathy, and a fidelity which deserves the very highest praise; the tremor of the hand, the lack-lustre eye, the tears and the conceits of advanced years are all emphasized, but never over emphasized; and the final bit of understanding and expression is shown in the refusal to spoil the effect of superb acting by succumbing to the customary tradition of bowing and smiling and gesticulating which usually characterize curtain calls. The very old man does not change, either his face or his manner, as the curtain rises and falls after the act, in response to the long continued applause of an appreciative though too small audience.

Mr. Clive also gives us, as we have grown to expect, an exceptionally finished portrayal character, which in this instance is that of a man stupid and formal. But it was rather the all too infrequent accuracy of the medical aspect of a character to which the writer particularly calls attention; a thing which must surely appeal to every physician and, indeed, to every person, nurse, student, or relative, who has had reason to be in close contact with an invalid whose disease is age. As a contrast to the inaccuracy and absurdity of the portrayal of sickness and death as the stage usually presents it, this piece of acting deserves our hearty thanks as well as our sincere praise. It proves that under favorable conditions the

type of drama, and the plane of acting, which is usually assumed to be possible only in France, may be made to flourish here in America, by a fortunate combination of ability and hard work.

J. B. BLAKE.

A LIBRARY FOR ST. LUKE'S HOSPITAL IN JAPAN.

Mr. Editor:

Dear Sir: On the advice of Mr. Ballard of the Boston Medical Library, we are sending a short account of the plan for securing a medical library for St. Luke's International Hospital, Tokyo. We hope that you will find room for it in your columns.

Very truly yours,

MARY E. THOMAS,

Executive Secretary.

ST. LUKE'S INTERNATIONAL HOSPITAL, TOKYO, JAPAN.

St. Luke's International Hospital, of which Dr. R. B. Teusler is the Director, is asking for assistance in building up its medical library. The hospital staff, which includes twenty Japanese doctors at present, is handicapped by lack of reference books. This need will grow more acute as the hospital is being enlarged. It will soon have accommodations for 230 patients, private and charity, and later it is to be still further enlarged. St. Luke's can exert the greatest influence by the further development of its school for nurses and its post graduate courses for Japanese university medical graduates. St. Luke's will probably also have the opportunity of developing the social welfare work in the district where it is located. Dr. Teusler says it can easily become the reference center for the leading men in the Japanese medical profession who at present have no access to anything except occasional text books and broken files of American and British medical magazines. It thus offers an unexcelled opportunity to extend the influence of American medical science in Japan as well as to promote international good-fellowship. It is the only American hospital in Japan. However, the large contributions to its building fund which it has received not only from individual Japanese, but also from the Japanese Government, give it a truly international character. In addition it affords welcome opportunity to Americans and Europeans to secure treatment at need from those of their own race.

The Church Periodical Club of 2 West 47th Street, New York, has general charge of providing this library and will be very glad to furnish any further information which may be desired. While it welcomes gifts of money for the purchase of books, it also desires to enlist the interest of those who can help build up the library in other ways. It would mean much if those who have published books on medicine or nursing would give copies. Physicians who have duplicate copies of medical books can put them to good use by giving them to St. Luke's. Physicians who are retiring from practice are asked to remember St. Luke's when disposing of their libraries—files of magazines as well as books.

It is interesting to note that Dr. Teusler, himself, turns in to the hospital all fees from his private practice.

BERKELEYANISM.

27 W. Cedar Street, Boston.

February 14, 1923.

Mr. Editor:

Medical science has not yet extracted any definite theory, rule or principle from the repeatedly recurring phenomena which have gone under the names of Christian Science, Mind Cure, Faith in the Doctor, Power through Repose, Conicism, and what not.

The extraction of the common element of all these treatments or cures,—or whatever one pleases to call

them,—might be of great value to humanity, because the average human being seems to have a more or less vigorous faith in them, running all the way from very little faith, to an obsession. Even eminent members of the medical profession show at times hesitation before absolute condemnation.

Might a layman be so bold as to suggest that the method of discovery might be by abandoning for a moment the empirical method of reasoning which the science of medicine has, so far as I know, followed without deviation?

To illustrate:—The one great discovery in psychology, now universally accepted by physicists and metaphysicians alike, was made by Bishop Berkeley, and stated in his "New Theory of Vision," published in 1709. Berkeley told the surgeons and doctors of his day what would be the result of restoring the eye of a person blind from birth. The surgeon later proved empirically the truth of the theory which Berkeley had reasoned out *a priori*.

I suggest also the possibility that in Berkeley's theory of vision may be found the very principle we are looking for. I have always felt that Christian Science books and theories were founded on nothing but a very silly misconception of Berkeleyanism.

GEORGE U. CROCKER.

A CORRECTION.

February 23, 1923.

Mr. Editor:

In your issue of February 15, 1923, you have the notice of the death of Dr. Willard Shepherd Everett.

I wish to make a correction: On January 17 he was taken to the Fordham Hospital with fractured hip and removed to my home by request of the doctor in charge of his case on January 23. He remained here with us until his death, January 31.

I am writing this correction so that if you are keeping any of the records they will be correct.

Thanking you for mailing the magazine and the notice that you had put in, I remain,

Yours truly,

MR. AND MRS. E. A. ELLIS.

544 Claremont Parkway, New York City.

CHOOSING ONE'S LIFE WORK.

A series of lectures is to be given to the undergraduates of Harvard College by representative men in the several professions, for the purpose of assisting young men in selecting a profession.

Dr. William S. Thayer of Johns Hopkins Medical School will speak on the opportunities found in the practice of medicine.

THE MILK QUESTION.

Combined Meeting of the Middlesex South, Norfolk, and Suffolk Districts, at the Boston Medical Library, Wednesday, March 14, 8.15 P.M.

Speakers: Dr. Arthur W. Gilbert, Commissioner of Agriculture, "Milk Production from the Standpoint of the Farmer."

Dr. E. A. Crossman, United States Bureau of Animal Industry, "The Situation Regarding Tuberculosis among Cattle."

Dr. Richard M. Smith, "What the Certification of Milk and what the Pasteurization of Milk Does and Does Not Do."

Dr. S. B. Wolbach, "Bovine Tuberculosis in Man." Discussion. Light refreshments after meeting. All interested are cordially invited.

E. H. Bigelow, W. J. Walton, J. S. Stone, Presidents.

F. B. M. Cady, Bradford Kent, R. H. Miller, Secretaries.

BOOKS RECEIVED FOR REVIEW.

The JOURNAL acknowledges the receipt of the following books for review:

Mental Deficiency (Amentia). By A. F. Tredgold. Fourth edition. New York: William Wood & Co. Pp. 569. Price, \$6.

The Kingdom of Evils. By E. E. Southard and Mary C. Jarrett. New York: The Macmillan Co. Pp. 708. Price, \$5.50.

Food and the Principles of Dietetics. By Robert Hutchison. Fifth edition. New York: William Wood & Co. Pp. 610. Price, \$5.

The History of Medicine. By William Libby. Boston: Houghton Mifflin Co.

Same Sex Life and Sane Sex Living. By H. M. Long. Boston: Richard G. Badger.

Bi-Sexual Love. By William Stekel. Boston: Richard G. Badger.

Sex and Dreams. By William Stekel. Boston: Richard G. Badger.

Laws of Sex. By Edith H. Hooker. Boston: Richard G. Badger.

Propaganda for Reform. The American Medical Association.

I Believe in God and in Evolution. By W. W. Keen. Philadelphia: B. Lippincott. Pp. 100. Price, \$1.

Diseases of the Heart. By Harris. New York: William Wood & Co.

A Clinical Treatise on Diabetes Mellitus. By Marcel Labbe. New York: William Wood & Co.

Regional Anesthesia. By Labat. Philadelphia and London: W. B. Saunders.

Practice of Preventative Medicine. By Fitzgerald. St. Louis: C. V. Mosby.

Physical Exercises for Invalids and Convalescents. By Ochsner. St. Louis: C. V. Mosby.

High Frequency. By Grover. Kansas City: The Electron Press. Pp. 361.

Generalized Pain. By Ortnier. New York Medical Art Agency.

Nervous Ills. By Boris Sidis. Boston: R. G. Badger. Boston. Pp. 375. Price, \$3.

Lawson Tait. His Life and His Work. W. J. S. McKay. New York: William Wood & Co. Pp. 547. Price, \$7.50.

Studies from the Rockefeller Institute for Medical Research. Waverley Press.

Annual Report of the Surgeon-General of the Public Health Service of the United States—For the Fiscal Year 1922. Washington: Government Printing Office. Pp. 330.

Premature and Congenitally Diseased Infants. By Julius H. Hess. Lea & Febiger. Pp. 397. Price, \$5.

Text Book on Minor Surgery. By Vaughan and Burnham. Lea & Febiger. Pp. 627. Price, \$7.75.

Syphilis. By Thom. Lea & Febiger. Price, \$5.50. Pp. 525.

Diseases of the Ear, Nose and Throat, Medical and Surgical. By Wendell Christopher Phillips. Sixth edition. Philadelphia: F. A. Davis Co. Pp. 881. Price, \$8 net.

Principles and Practice of Infant Feeding. By Julius H. Hess. Philadelphia: F. A. Davis Co. Pp. 406. Price, \$4 net.

Feeding, Diet and the General Care of Children. By Albert J. Bell. Philadelphia: F. A. Davis Co. Pp. 276. Price, \$2 net.

The New Psychology and the Thomas. By H. Crichton Miller. New York: By Thomas Seltzer. Pp. 225. Price, \$1.60.

Greek Biology and Medicine. By Henry Osborn Taylor. Boston: Marshall Jones Co. Pp. 151. Price, \$1.50.

An Index of Prognosis and End-Results of Treatment. Various writers. Pp. 594. Price, \$12 net.

Getting Ready to Be a Mother. By Carolyn Conant

Van Blarcom. New York: The Macmillan Co. Pp. 237. Price, \$1.50.

Montaigne and Medicine. By James Spottiswoode Taylor. New York: Paul B. Hoeber. Pp. 244. Price, \$3.75.

Protists and Disease. By J. Jackson Clarke. New York: William Wood & Co. Pp. 229. Price, \$4.50.

Enlargement of the Prostate. By John B. Deaver. Philadelphia: P. Blakiston's Son & Co. Pp. 358. Price, \$7.

Medical Diagnosis. By Charles Lyman Greene. Philadelphia: P. Blakiston's Son & Co. Pp. 1473. Price, \$12.

The Essentials of Chemical Physiology. By W. D. Halliburton. London, New York, Toronto, Bombay, Calcutta and Madras: Longmans, Green & Co. Pp. 343. Price, \$2.50.

Practical Psychological Chemistry. By Philip B. Hawk. Eighth edition. Philadelphia: P. Blakiston's Son & Co. Pp. 693. Price, \$5 net.

The Successful Physician. By Verlin C. Thomas. Philadelphia and London: W. B. Saunders Co. Pp. 303. Price, \$4.

Exercise in Education and Medicine. By R. Tait McKenzie. Third edition. Philadelphia and London: W. B. Saunders Co. Pp. 601. Price, \$5.

Orthopedic Surgery. By Sir Robert Jones and Robert W. Lovett. New York: William Wood & Co. Pp. 699. Price, \$9.

Nutrition of Mother and Child. By C. Ulysses Moore. Philadelphia and London: J. B. Lippincott Co. Pp. 234. Price, \$2.

Vital Statistics. By George Chandler Whipple. Second edition. New York: John Wiley & Sons, Inc. London: Chapman & Hall, Ltd. Pp. 579. Price, \$4.

PUBLIC HEALTH LECTURERS FOR THE
YEAR 1923.

The Committee on Public Health of the Massachusetts Medical Society has been able during the past few years to arrange with well known specialists in various medical fields to give talks at meetings of the District Medical Societies on subjects of interest and importance to all practitioners. It is a pleasure to announce that a similar arrangement has been made this year and that the gentlemen named below are willing, without expense to the District Society, to give occasional talks of thirty to forty minutes on subjects relating to the promotion of public health, extending opportunity for questions and discussion. It is suggested that medical societies consider meeting at neighboring public institutions, since such meetings have been most successful in the past, particularly at the tuberculosis sanatoria and state hospitals for the insane.

José Pontende BUI, M.D., Doctor of Public Health.
Specialty: Preventive Medicine.

Frank C. Dunbar, M.D., Bacteriologist, Instructor in Bacteriology and Pathology, Tufts College Medical School. "Methods of Technique in Collecting Specimens."

Walter E. Fernald, M.D., Superintendent, Massachusetts School for the Feeble-minded.

Timothy Leary, M.D., Professor of Pathology, Tufts College Medical School; Medical Examiner, Suffolk County.

Herman A. Osgood, M.D., X-Ray Department of the Boston City Hospital: "Focal Infection."

Edwin H. Place, M.D., Physician-in-Chief, South Department, Boston City Hospital. Specialty: Contagious Diseases.

C. Morton Smith, M.D., Chief of Department of Syphilis, Massachusetts General Hospital.

George Gilbert Smith, M.D., Assistant in Department of Genito-Urinary Diseases, Massachusetts General Hospital. Specialty: Genito-Urinary Diseases.

Lesley H. Spooner, M.D., on Staff of Out-Patient Department, Massachusetts General Hospital. Specialty: Specific Diagnosis and Treatment of Pneumonia.

George H. Wright, D.M.D., Lecturer on Dental Hygiene, Harvard Dental School. Specialty: Dental Surgery.

Thomas F. Kenney, M.D., Director of School Hygiene, City of Worcester. Specialty: Full Time School Health Officer.

Paul Dudley White, M.D., Director of School Hygiene, Department and of the Cardiac Clinics, Massachusetts General Hospital. Specialty: Cardiovascular Diseases.

Dr. Gilman Osgood: "A General Practitioner's Observations on the Relation of Oral Infection to Disease."

Hugh Grant Rowell, M.D., Director of Health and Hygiene, Department of Schools: "Preventive Medicine in Schools under a Full-Time Medical Director, or Public Health Work."

Secretaries of District Medical Societies writing to ask for these lecturers will kindly designate the topic, the place and the hour of meeting as well as the name of the desired speaker, thus eliminating unnecessary correspondence. Please address communications to the Secretary of the Committee, Anne Lee Hamilton, M.D., 164 Longwood Ave., Boston 17

[Note: The Committee on Public Health feels that this notice may have escaped attention, for few applications have been received. Each lecturer is an authority and would present his subject in an interesting and instructive manner.]

SOCIETY MEETINGS.

The annual meeting of the Massachusetts Medical Society will be held in Pittsfield, June 12 and 13.

DISTRICT SOCIETIES.

A list of society meetings is herewith published. This list will be changed on information furnished by the secretaries of the societies, and will appear in each issue.

Barnstable District:—Ipswich, May 4, 1923.

Bristol South District:—Fall River, May 3, 1923.

Essex North District:—Lawrence, Y. M. C. A. Building (Annual Meeting), May 2, 1923.

Meetings of the Suffolk District and the Boston Medical Library at the Library:

March 28, 1923:—Surgical Meeting. "A Review of What Surgery Can Accomplish in Diseases of the Thoracic Organs, with a Forecast of the Future," Dr. Howard Libman of New York.

April 25, 1923:—Annual Meeting. Election of Officers. "The Record of the Past Twelve Years in Syphilology, with a Forecast of the Future." A series of 10-minute papers. Dr. C. Morton Smith, Boston, will preside.

The Springfield Academy of Medicine meets the second Tuesday of each month. Schedule of speakers includes the following names: Dr. Alexis Carol, Dr. W. B. Long, Dr. J. W. Williams, Dr. W. S. Flayer, and Dr. Barton Cooke, Hist. The date for each speaker has not been assigned.

Middlesex East District:

March 21, 1923:—Mental Factors in Childhood. Paper by Dr. William Healy.

April 18, 1923:—Interpretation of Laboratory Findings. Paper by Dr. E. G. Crabtree and one to be announced later.

May 9, 1923:—Annual Meeting.

All meetings except the Annual Meeting will be held at the Harvard Club in Boston. A. E. Soull, Secretary.

Worcester District meetings are scheduled as follows:

March 14, 1923:—The meeting will be held at St. Vincent's

Hospital at 8.15 P. M. The program will consist of a series of papers by members of the staff.

April 11, 1923:—The meeting will be held at Memorial Hospital at 8.15 P. M., and the program will consist of a series of papers by members of the staff.

May 9, 1923:—Annual Meeting and banquet.

STATE, INTERSTATE AND NATIONAL SOCIETIES.

NEW ENGLAND PEDIATRIC SOCIETY:—The following are the dates for meetings the coming season. Each meeting is on the second Friday of the month at the Boston Medical Library: March 9, April 13 and May 11.

March, 1923:—Massachusetts Society of Examining Physicians (date and place undecided); Hilbert F. Day, Secretary.

March, 1923:—Boston Association of Cardiac Clinics. Meeting March 15, 1923, at 8 P. M., Boston City Hospital.

March, 1923:—Boston Medical History Club will meet the third Monday of this month.

April, 1923:—New England Dermatological Society meeting, April 11, 1923, at 3 P. M., in the Surgical Amphitheatre, Boston City Hospital; C. Guy Lane, Secretary.

April, 1923:—Massachusetts Association of Boards of Health, April 26, 1923, Boston; W. H. Allen, Mansfield, Mass., Secretary.

April, 1923:—Boston Medical History Club will meet the third Monday of this month.

May, 1923:—Massachusetts Society of Examining Physicians (date and place undecided); American Pediatric Society meeting, May 31, June 1 and 2, 1923, at French Lick Springs Hotel, French Lick, Ind.; H. C. Carpenter, Secretary.

May, 1923:—Boston Association of Cardiac Clinics. Meeting May 17, 1923, at 8.15 P. M., Children's Hospital. Subject: Rheumatism and Chorea and Heart Disease.

June, 1923:—American Medical Association, San Francisco, June 25-29, 1923; Ohio West, Chicago, Ill., Secretary.

July, 1923:—Massachusetts Association of Boards of Health, July 26, Nantasket; W. H. Allen, Mansfield, Mass., Secretary.

NOTICE.

BOSTON CITY HOSPITAL STAFF CLINICAL MEETING at Cheever Surgical Amphitheatre, Friday, March 9, 1923, at 8 p.m. "Serum Treatment of Pneumonia," Edwin A. Locke. "Bacteriology of Pneumonias," Robert Nye.

Open discussion. Physicians and students invited. Refreshments served 9:30 p.m.

JOHN J. DOWLING, Superintendent.

CASES REPORTED TO MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

WEEK ENDING FEBRUARY 10, 1923.

Disease	No. of Cases	Disease	No. of Cases
Anterior poliomyelitis	3	Ophthalmia neonatorum	
Chicken-pox	105	" " "	28
Diphtheria	135	Pneumonia, lobar	229
Dog-bite requiring antirabic treatment	3	" " "	334
Encephalitis lethargica	9	Septic sore throat	3
Epidemic cerebrospinal meningitis	4	Syphilis	18
German measles	3	Tuberculosis, pulmonary	107
Gonorrhea	70	" " "	10
Influenza	196	Typhoid fever	1
Measles	860	Whooping cough	315
Mumps	149		

WEEK ENDING FEBRUARY 17, 1923.

Disease	No. of Cases	Disease	No. of Cases
Anterior poliomyelitis	2	Ophthalmia neonatorum	82
Chicken-pox	162	Pneumonia, lobar	276
Diphtheria	170	Scarlet fever	341
Dog-bite requiring antirabic treatment	4	Septic sore throat	5
Encephalitis lethargica	7	Syphilis	43
Epidemic cerebrospinal meningitis	3	Trachoma	1
German measles	79	Trichinosis	1
Gonorrhea	79	Tuberculosis, pulmonary	147
Influenza	295	Tuberculosis, other	14
Measles	972	Typhoid	4
Mumps	221	Whooping cough	333